Maryland Physicians Care

Web Portal
Provider Web Portal Navigation Guide

Ver 1.0

June, 2012

TABLE OF CONTENTS

1.0 Secured Site Overview 1
1.1 ACCOUNT Menu Tab 1
1.2 PRODUCT Menu Tab 1
2.0 Helpful Tips and Getting Started 2
2.1 Helpful Tips 2
2.1.1 Navigation Breadcrumbs 2
2.1.2 Sorting Results 2
2.1.3 Printing Reports 3
2.1.4 Blue Bolded Text 3
2.2 Getting Started 3
2.2.1 To Register as a New User 3
2.2.2 To Access the Secured Portion of the Web Site 4
2.2.3 To Request Your Password 5
2.2.4 To Sign Out 5
3.0 Primary Representative Role 6
3.1 User Account Maintenance 6
3.1.1 Add a User 6
3.1.2 Edit a User 10
3.1.3 Delete a User 11
3.1.4 Reset a User Password 13
3.2 User Profile 14
4.0 Searches and Inquiries 15
4.1 Healthcare Data Inquiry 15
4.1.1 Member Eligibility Verification 15
4.1.2 Member HEDIS Measures 17
4.1.3 Claim Status 19
4.1.4 Authorization Status 21
4.1.5 Remittance Advice Status 24
4.1.6 Panel Roster 26
4.2 Provider Search 28
4.2.1 To Perform a Provider List Search 28
4.2.2 To Perform a Provider Directory Search 30
5.0 Submitting an Authorization Request 31
5.1 Selecting the Authorization Type 31
5.2 Completing the Authorization Request 33
5.2.1 Member Information 33
5.2.2 Medical Indications 33
5.2.3 Requesting Provider 34
5.2.4 Servicing Provider 34
5.2.5 Authorization Service Information 35
5.2.7 File Attachments 36
5.2.8 Final Submission of the Authorization 37

1.0 Secured Site Overview

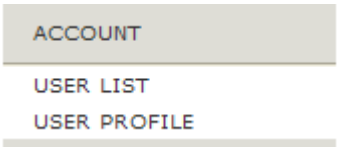
MPC provides a web-based platform enabling health plans to communicate healthcare information directly with providers. Users can perform transactions, download information, and work interactively with member healthcare information.

Providers can use the secure web site application to:

- Verify member eligibility
- View member HEDIS intervention requirements
- View and print panel rosters
- Check on claims status
- View remittance advice claim payment information
- Submit authorizations/referrals to the health plan
- Check authorization/referral status

1.1 ACCOUNT Menu Tab

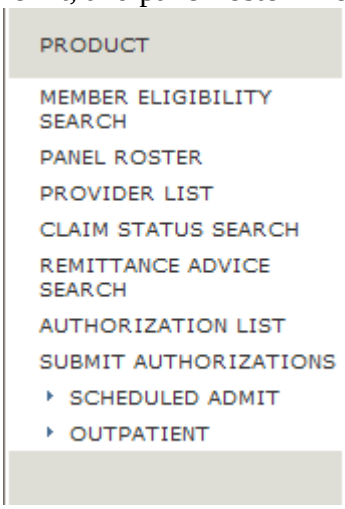
The ACCOUNT Menu Tab allows the provider to manage the administration tasks within the secure web site.



User List – Available to provider office site administrators, allows the user to create, view, and manage office employee user accounts.
User Profile – Displays user account information and permits the user to make name, password, email address, and security question changes.

1.2 PRODUCT Menu Tab

The PRODUCT Menu Tab allows the provider to view member, provider, claim, authorization, remit, and panel roster information within the secure web site.



Member Eligibility Search – Verify current eligibility on one or more members.

Panel Roster – View the list of members currently assigned to the provider as the primary care physician (PCP).
Provider List – Search for a specific health plan provider by name, specialty, or location.
Claim Status Search – Search for provider claims by member, provider, claim number, or service dates. Only claims associated with the user's account provider ID will be displayed.
Remittance Advice Search – Search for provider claim payment information by check number, provider, claim number, or check issue/service dates. Only remits associated with the user's account provider ID will be displayed.
Authorization List – Search for provider authorizations by member, provider, authorization data, or submission/service dates. Only authorizations associated with the user's account provider ID will be displayed.
Submit Authorizations – Submit an authorization request on-line. Two types of authorization types are available:

Scheduled Admit
Outpatient

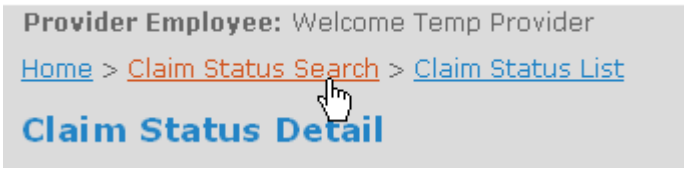
2.0 Helpful Tips and Getting Started

This section provides some tips for navigating the web site as well as information to get the user started using the system.

2.1 Helpful Tips

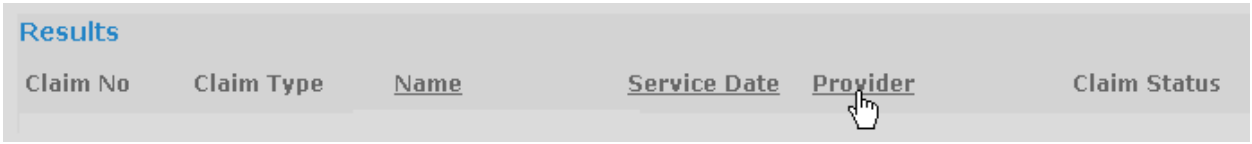
2.1.1 Navigation Breadcrumbs

To help you navigate through the application, you can use a navigational assistant referred to as a "Breadcrumb." Breadcrumbs are the links at the top of the page that show a trail of where you have been in the application. Do not use the **browser back button** to navigate through the application. Use the navigation breadcrumbs to move from screen to screen.



2.1.2 Sorting Results

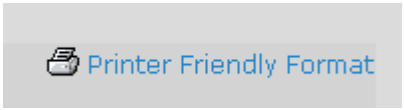
On most screens, searches display the resulting information in a table. To sort the information by one of the table columns, move the pointer over the column heading title. Note that only column titles that are underlined are allowed to be sorted. Click the column heading title to resort the result set.



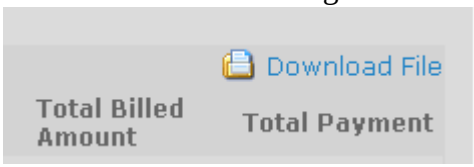
2.1.3 Printing Reports

On most screens, search results and detail information can be printed in one of two manners:

- **Printer-Friendly Format button** – When clicked, a separate browser window will open with the resulting report. After printing, click the red **X** to close the window and return to the secured section of the web site. (Note that the printed report will only contain the information that is viewed on the page. If the result set comprises multiple pages and the entire block of information needs to be printed, please refer to the next option.)



- **Download File button** – When clicked, a dialog box window will display. If the browser popup blocker is enabled, click on the yellow information text bar at the top and then click "**Download File…**" to continue. A second dialog box will open to allow the user to "**Open**" the file in a spreadsheet format, "**Save**" the file to the desktop in a spreadsheet format, or "**Cancel**" the file download action. For ease of use, it is recommended that the "**Save**" action be take to download and save the file. The provider is then able to open and work with the search result file using their normal desktop spreadsheet office application.



2.1.4 Blue Bolded Text

Many page displays contain **blue underlined text** that can be clicked on to show further associated detail.

2.2 Getting Started

2.2.1 To Register as a New User

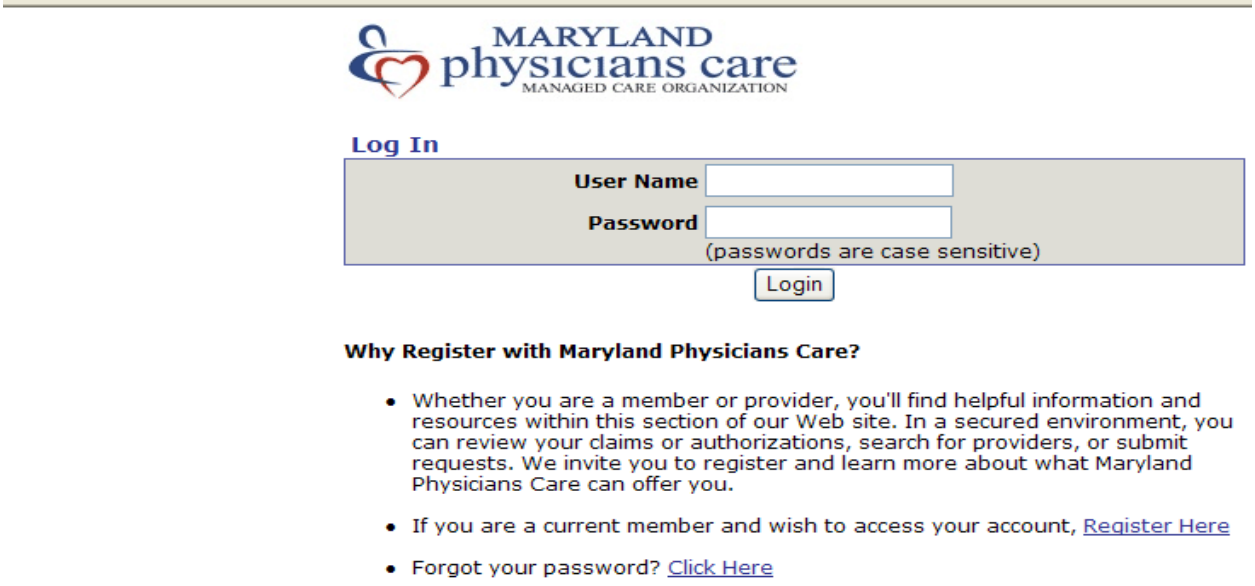
A user name and password are required to access the secure Web site. User names and passwords are distributed by the Maryland Physician Care Provider Relations Department. They can be reached at 800-953-8854. You can also go to the Maryland Physicians Care web site "**www.marylandphysicianscare.com**", click on the **Login** option, and print off the Provider Web Portal Registration Form to be faxed into the Provider Relations Department.

2.2.2 To Access the Secured Portion of the Web Site

Passwords are case-sensitive and must be entered exactly as they are maintained in the system. Usernames are not case-sensitive. To logon the secure web site:

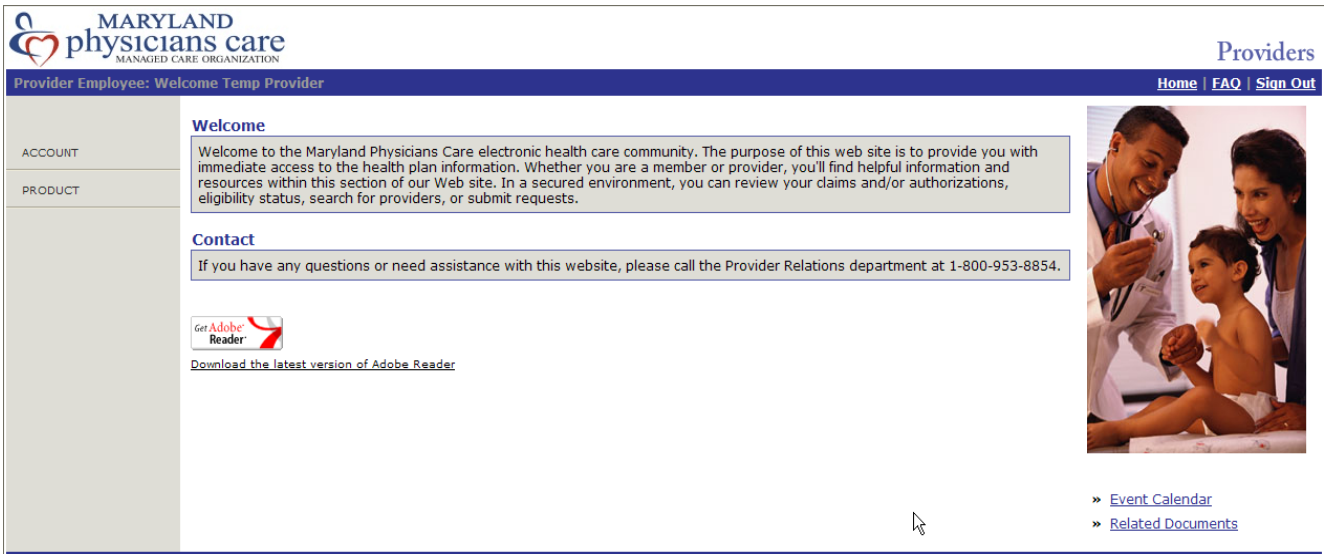
- Access your Internet Explorer or other browser session.
- In the address field, enter "**www.marylandphysicianscare.com**".
- From the Maryland Physicians Care main page, click the **Login** option.

- The secured web site login screen will display. Enter your **User Name** and **Password** and click the **Login** button. Note that passwords are case sensitive and must be entered exactly as assigned.


MARYLAND
physicians care
MANAGED CARE ORGANIZATION
Log In
User Name
Password
(passwords are case sensitive)
Login
Why Register with Maryland Physicians Care?
Whether you are a member or provider, you'll find helpful information and resources within this section of our Web site. In a secured environment, you can review your claims or authorizations, search for providers, or submit requests. We invite you to register and learn more about what Maryland Physicians Care can offer you.
If you are a current member and wish to access your account, Register Here
Forgot your password? Click Here

- If the browser prompts you with a request to remember your password, click **No**.

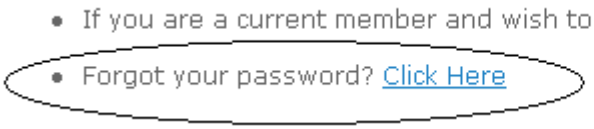
The Provider home page will display.


MARYLAND
physicians care
MANAGED CARE ORGANIZATION
Providers
Provider Employee: Welcome Temp Provider
Home | FAQ | Sign Out
ACCOUNT
PRODUCT
Welcome
Welcome to the Maryland Physicians Care electronic health care community. The purpose of this web site is to provide you with immediate access to the health plan information. Whether you are a member or provider, you'll find helpful information and resources within this section of our Web site. In a secured environment, you can review your claims and/or authorizations, eligibility status, search for providers, or submit requests.
Contact
If you have any questions or need assistance with this website, please call the Provider Relations department at 1-800-953-8854.
Get Adobe Reader
Download the latest version of Adobe Reader
» Event Calendar
» Related Documents

2.2.3 To Request Your Password

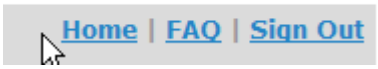
If you are not able to login to the system because you have forgotten your password:

- At the login window, click the "Forgot your password?" **Click Here** link.
- Enter your **Username, User Last Name,** and **First Name** and click the Next > button.
- On the confirmation screen, click the **Send Password** button.
- Your password will be sent to you via the e-mail address assigned to the user account.
- If you do not receive an email with the new password, contact Maryland Physicians Care's Provider Relations call center for assistance.



2.2.4 To Sign Out

Click the **Sign Out** button at the top right of the screen.



3.0 Primary Representative Role

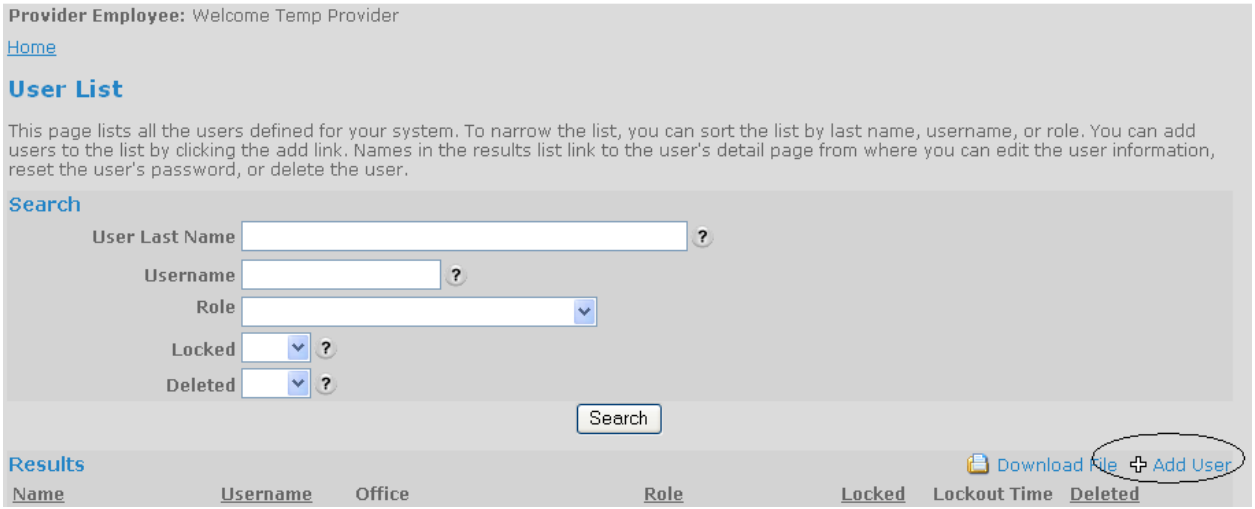
A provider's office has only one primary representative. If necessary, the primary representative is allowed to add authorized representatives within their office who can then utilize the secure web site. The primary representative is responsible for maintaining the accounts of authorized users within their office.

3.1 User Account Maintenance

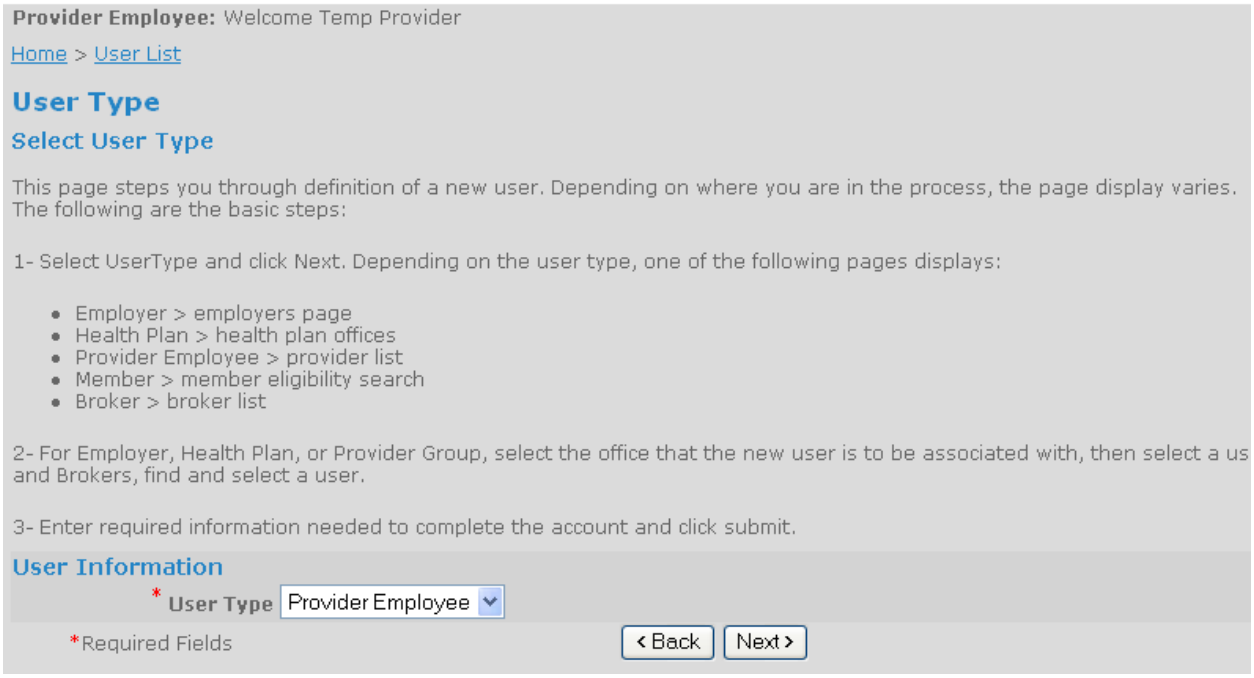
3.1.1 Add a User

There are two steps required to add a new authorized user account. First, the primary representative needs to add the employee to the system and then the new user account can be created.

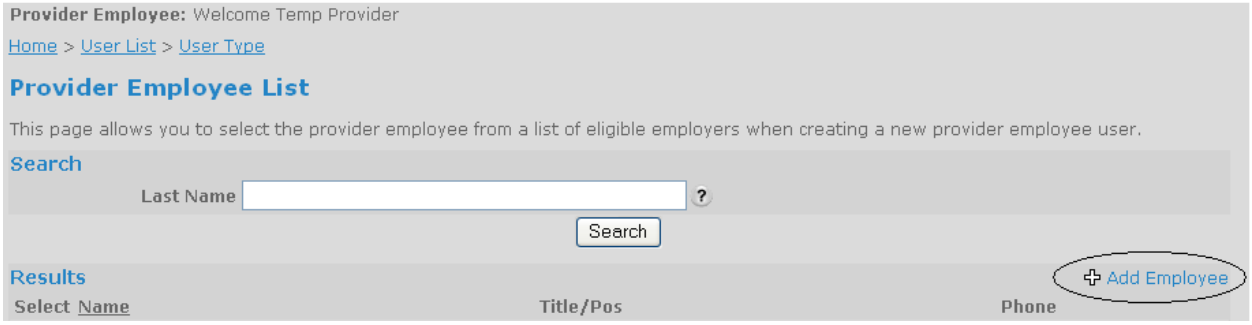
- Select the **User List** option from the **ACCOUNT** tab. The User List window displays.
- Click on the **Add User** option.


Provider Employee: Welcome Temp Provider
Home
User List
This page lists all the users defined for your system. To narrow the list, you can sort the list by last name, username, or role. You can add users to the list by clicking the add link. Names in the results list link to the user's detail page from where you can edit the user information, reset the user's password, or delete the user.
Search
User Last Name
Username
Role
Locked
Deleted
Search
Results
Download File
Add User
Name
Username
Office
Role
Locked
Lockout Time
Deleted

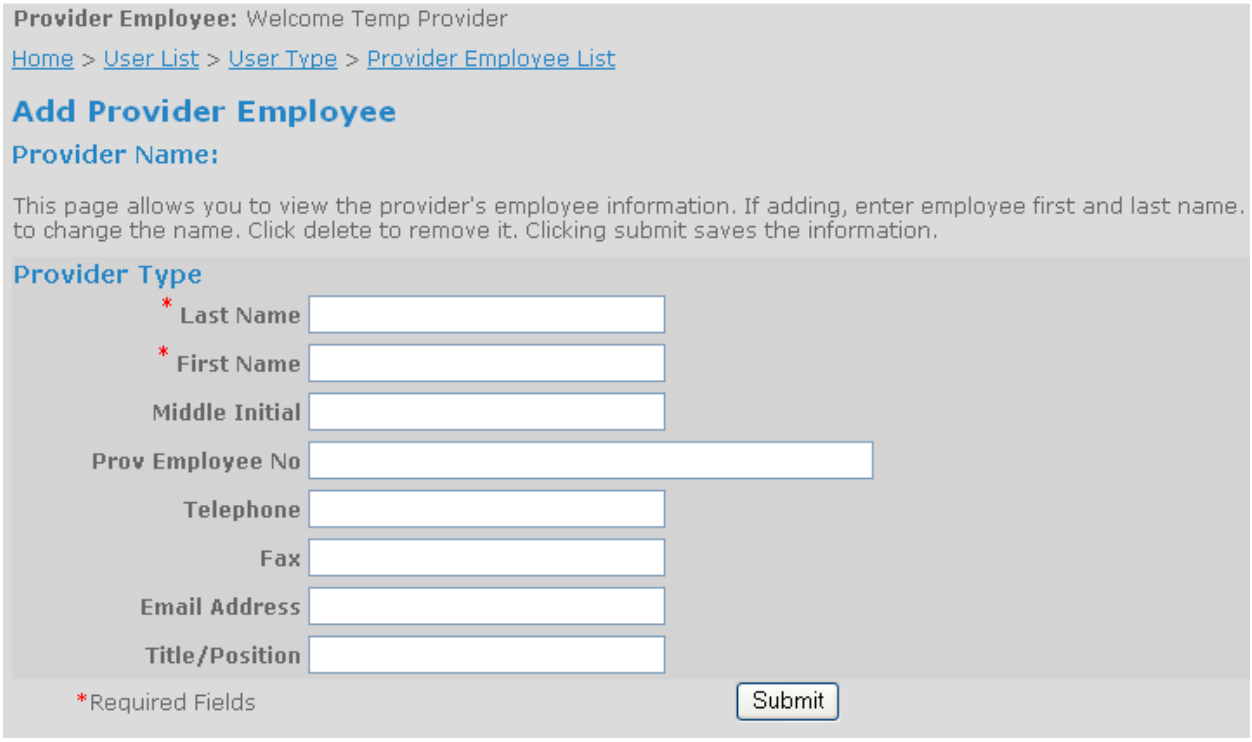
- The User Type window displays. Select the User Type = Provider Employee from the list and click on the **Next>** button.


Provider Employee: Welcome Temp Provider
Home > User List
User Type
Select User Type
This page steps you through definition of a new user. Depending on where you are in the process, the page display varies. The following are the basic steps:
1- Select UserType and click Next. Depending on the user type, one of the following pages displays:
Employer > employers page
Health Plan > health plan offices
Provider Employee > provider list
Member > member eligibility search
Broker > broker list
2- For Employer, Health Plan, or Provider Group, select the office that the new user is to be associated with, then select a us
and Brokers, find and select a user.
3- Enter required information needed to complete the account and click submit.
User Information
* User Type
Provider Employee
*Required Fields
< Back
Next >

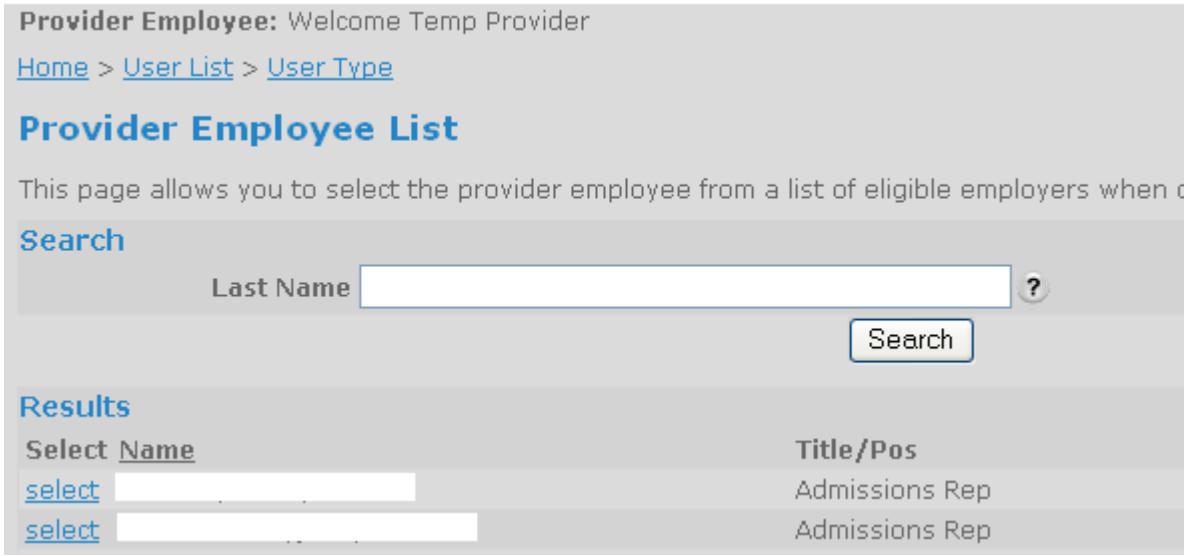
- The Provider Employee List window displays. Click on the **Add Employee** option.


Provider Employee: Welcome Temp Provider
Home > User List > User Type
Provider Employee List
This page allows you to select the provider employee from a list of eligible employers when creating a new provider employee user.
Search
Last Name
Search
Results
Add Employee
Select Name
Title/Pos
Phone

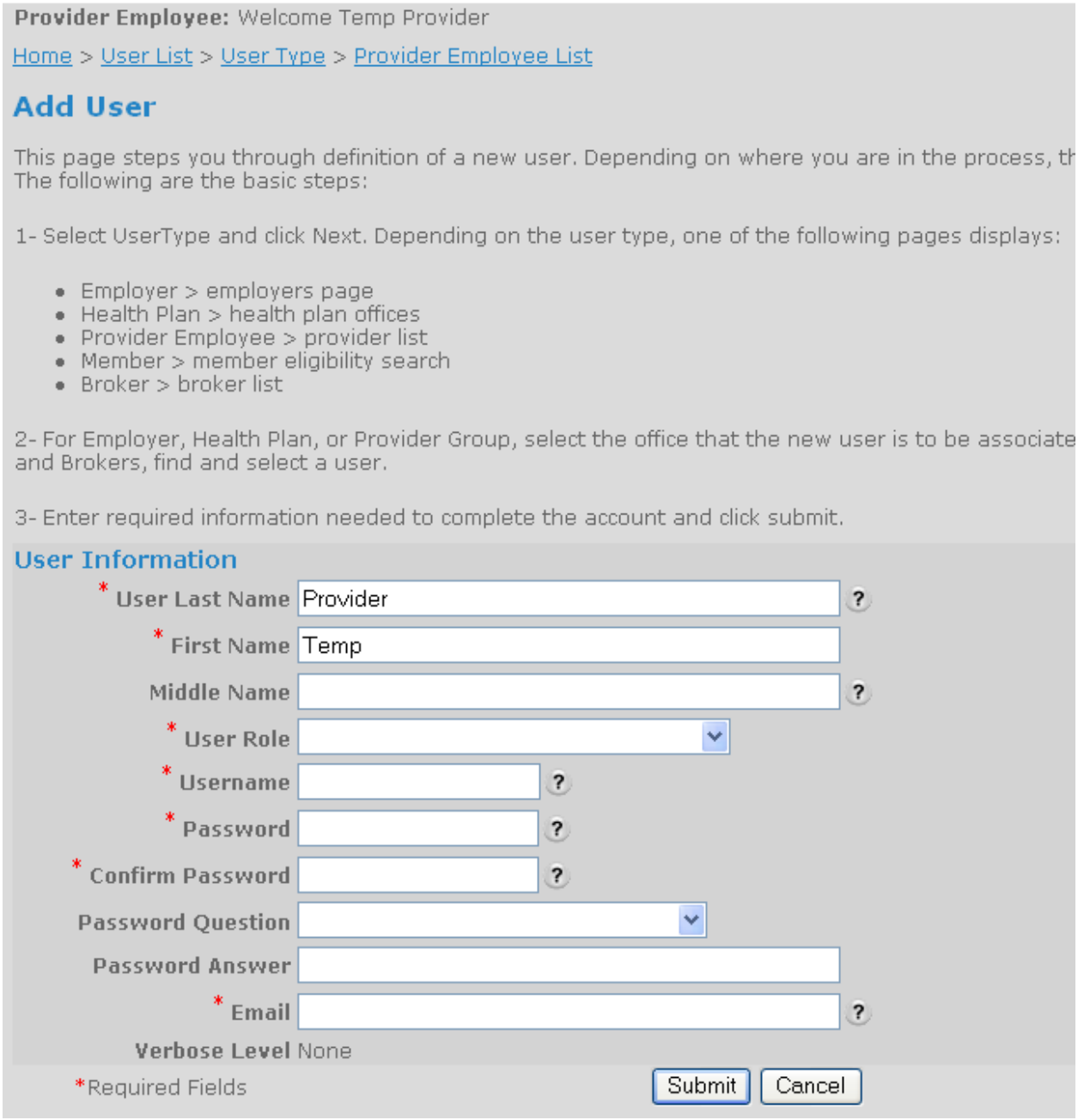
- The Add Provider Employee window displays. Enter the employee's information and click **Submit**.


Provider Employee: Welcome Temp Provider
Home > User List > User Type > Provider Employee List
Add Provider Employee
Provider Name:
This page allows you to view the provider's employee information. If adding, enter employee first and last name. to change the name. Click delete to remove it. Clicking submit saves the information.
Provider Type
* Last Name
* First Name
Middle Initial
Prov Employee No
Telephone
Fax
Email Address
Title/Position
*Required Fields
Submit

- The Provider Employee List window displays again. Search for and select the employee record that was just created. Click on the **Select** link next to the name.



- The Add User window displays. Enter the required user account information (required fields are marked with "*") and click **Submit**.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Home > User List > User Type > Provider Employee List
Add User
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The following are the basic steps:
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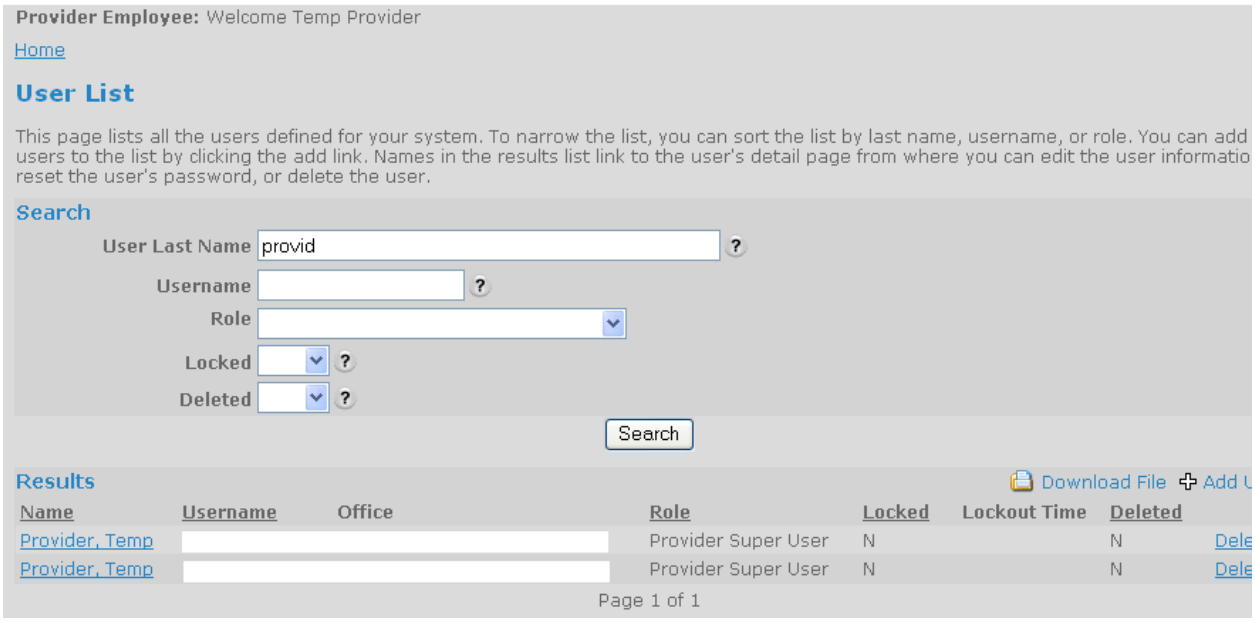
Health Plan > health plan offices
Provider Employee > provider list
Member > member eligibility search
Broker > broker list
2- For Employer, Health Plan, or Provider Group, select the office that the new user is to be associate
and Brokers, find and select a user.
3- Enter required information needed to complete the account and click submit.
User Information
* User Last Name
Provider
* First Name
Temp
Middle Name
* User Role
* Username
* Password
* Confirm Password
Password Question
Password Answer
* Email
Verbose Level None
*Required Fields
Submit
Cancel

- The User List window will be displayed. Search for the new user account to verify creation and active status. (Note: Upon the user's first login with their new account, the system will require the password to be changed.)
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

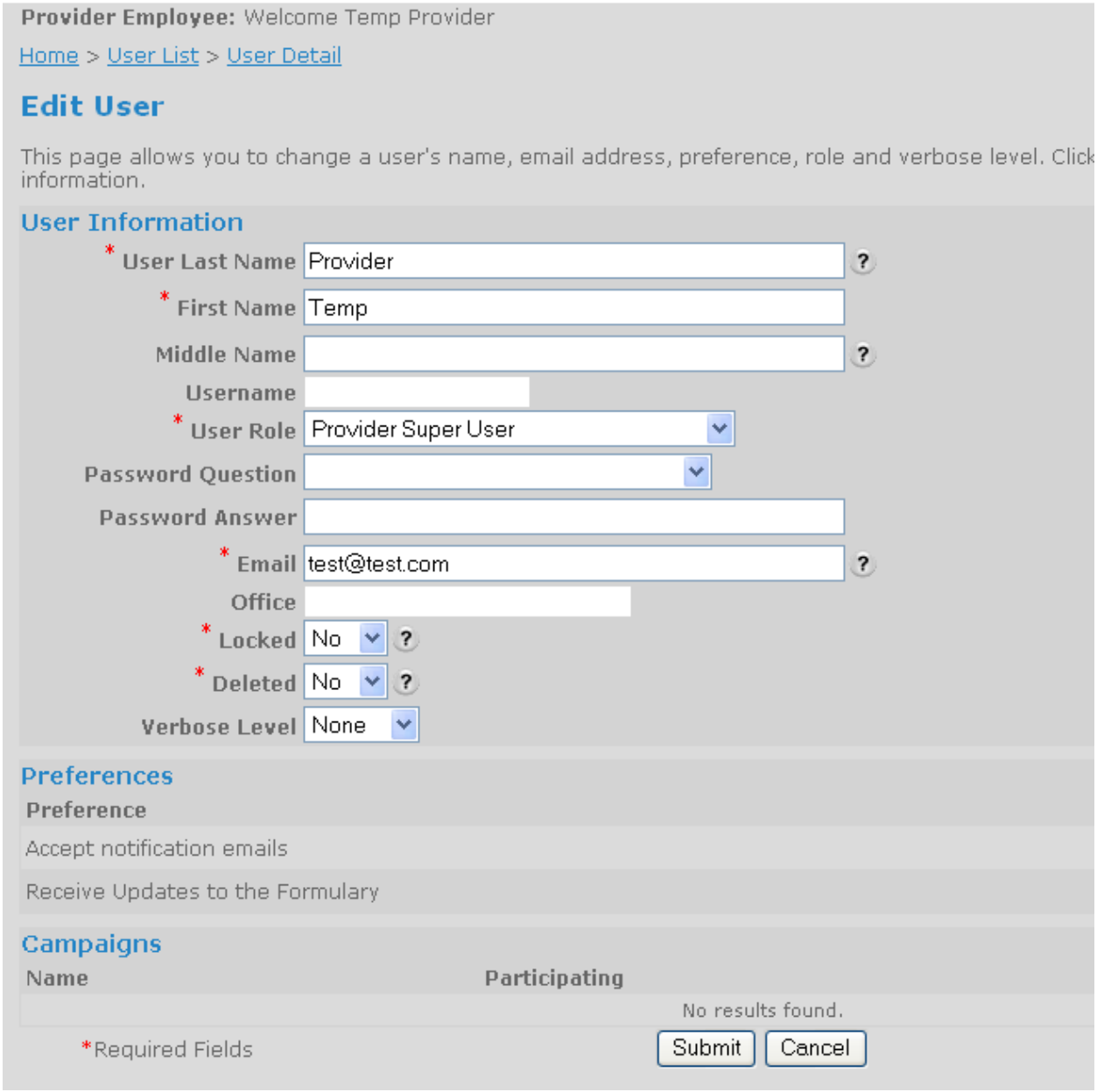
3.1.2 Edit a User

- Select the **User List** option from the **ACCOUNT** tab. The User List window displays.
- Search for and select the user you would like to edit by clicking on their Name.


Provider Employee: Welcome Temp Provider
Home
User List
This page lists all the users defined for your system. To narrow the list, you can sort the list by last name, username, or role. You can add users to the list by clicking the add link. Names in the results list link to the user's detail page from where you can edit the user informatio reset the user's password, or delete the user.
Search
User Last Name provid
Username
Role
Locked
Deleted
Search
Results
Download File
Add U
Name Username Office Role Locked Lockout Time Deleted
Provider, Temp Provider Super User N N Dele
Provider, Temp Provider Super User N N Dele
Page 1 of 1

- The User Detail window displays. Click on the **Edit User** option.

- The Edit User window displays. Update the desired user account fields and click **Submit**.

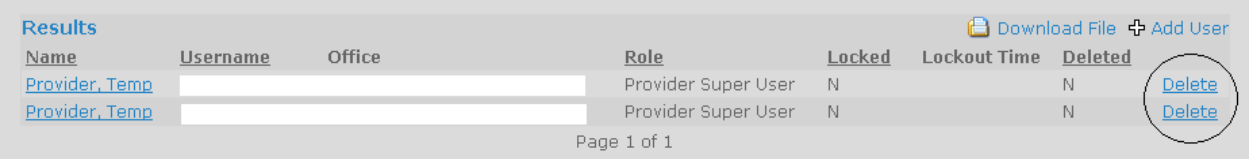


- The User Detail window displays.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

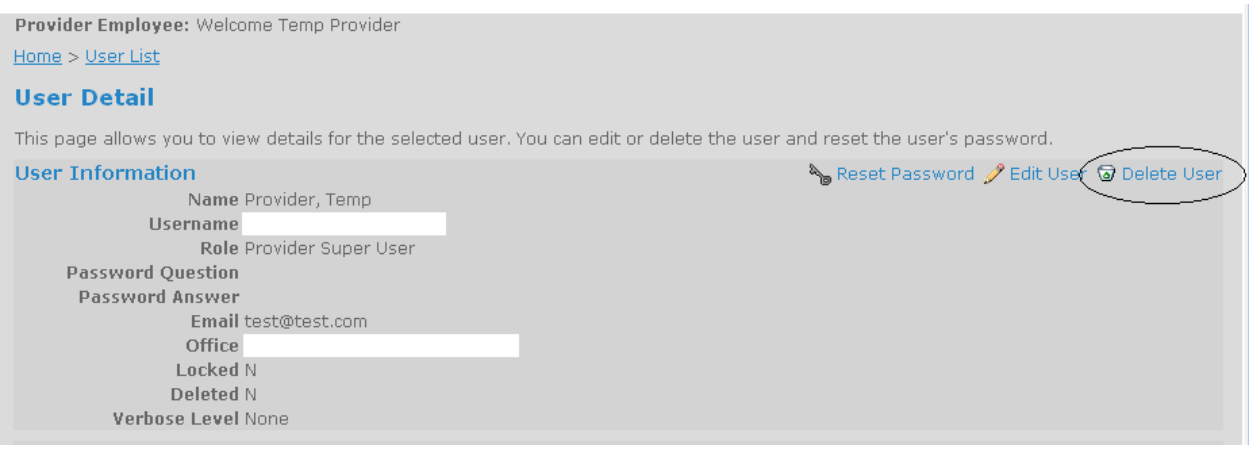
3.1.3 Delete a User

- Select the **User List** option from the **ACCOUNT** tab. The User List window displays.

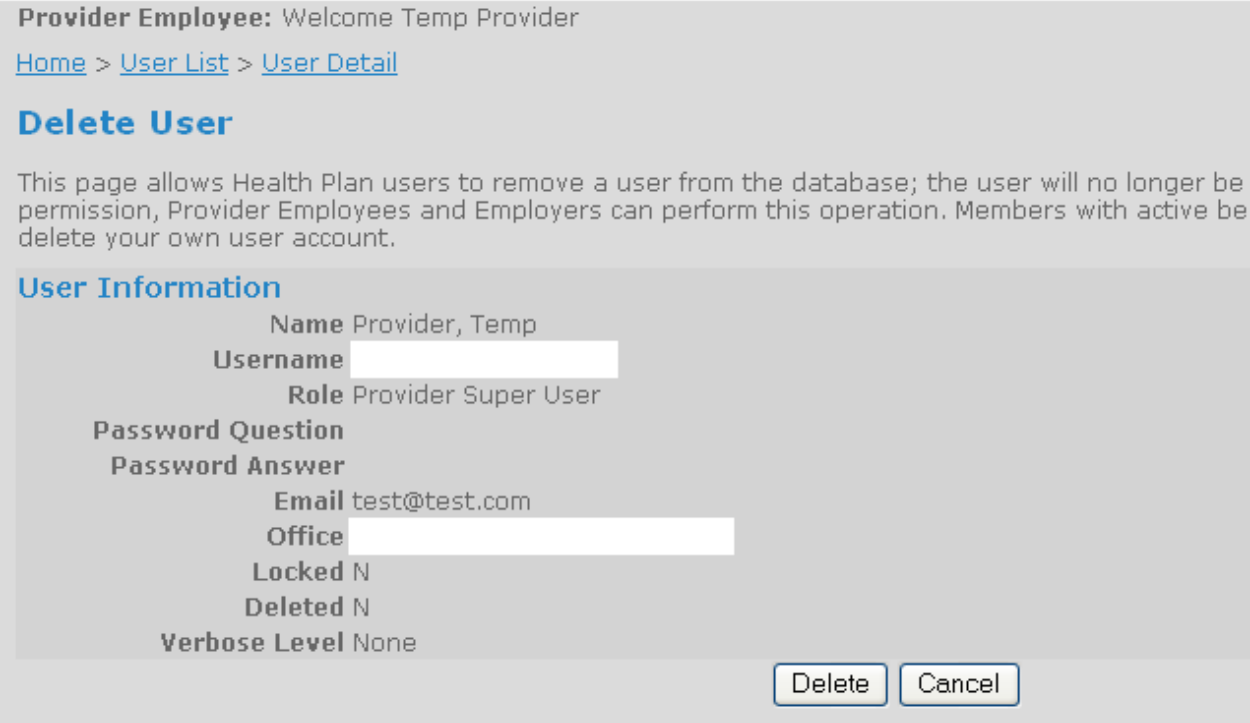
- Search for the user you would like to delete and click on the **Delete** option next to the user on the right side of the screen.



- Alternatively, you can search for and select the user you would like to delete by clicking on the user's name. The User Detail window appears. Click on the **Delete User** option.



- The Delete User window displays. Click on the **Delete** button.

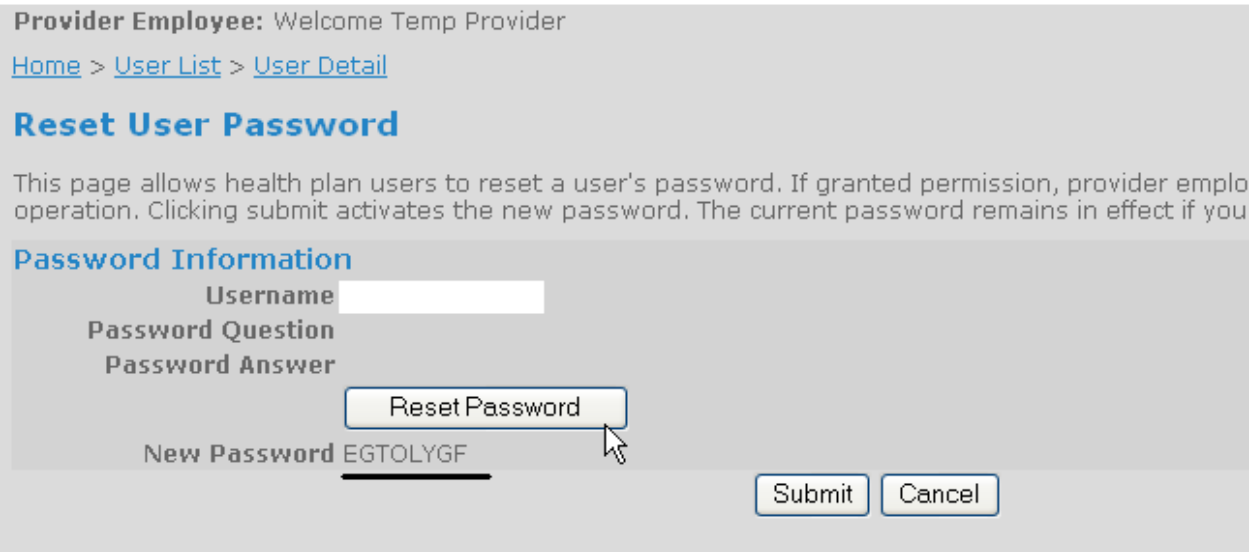

Provider Employee: Welcome Temp Provider
Home > User List > User Detail
Delete User
This page allows Health Plan users to remove a user from the database; the user will no longer be
permission, Provider Employees and Employers can perform this operation. Members with active be
delete your own user account.
User Information
Name Provider, Temp
Username
Role Provider Super User
Password Question
Password Answer
Email test@test.com
Office
Locked N
Deleted N
Verbose Level None
Delete
Cancel

- The User List window displays with the "Deleted column = Y" for the selected user.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

3.1.4 Reset a User Password

- Select the **User List** option from the **ACCOUNT** tab. The User List window displays.
- Search for and select the user whose password you would like to reset by clicking on their Name. The User Detail window displays. Click on the **Reset Password** option.

- The Reset User Password window displays. Click on the **Reset Password** button. The randomly generated password (eight uppercase letters) will display. Click **Submit**.

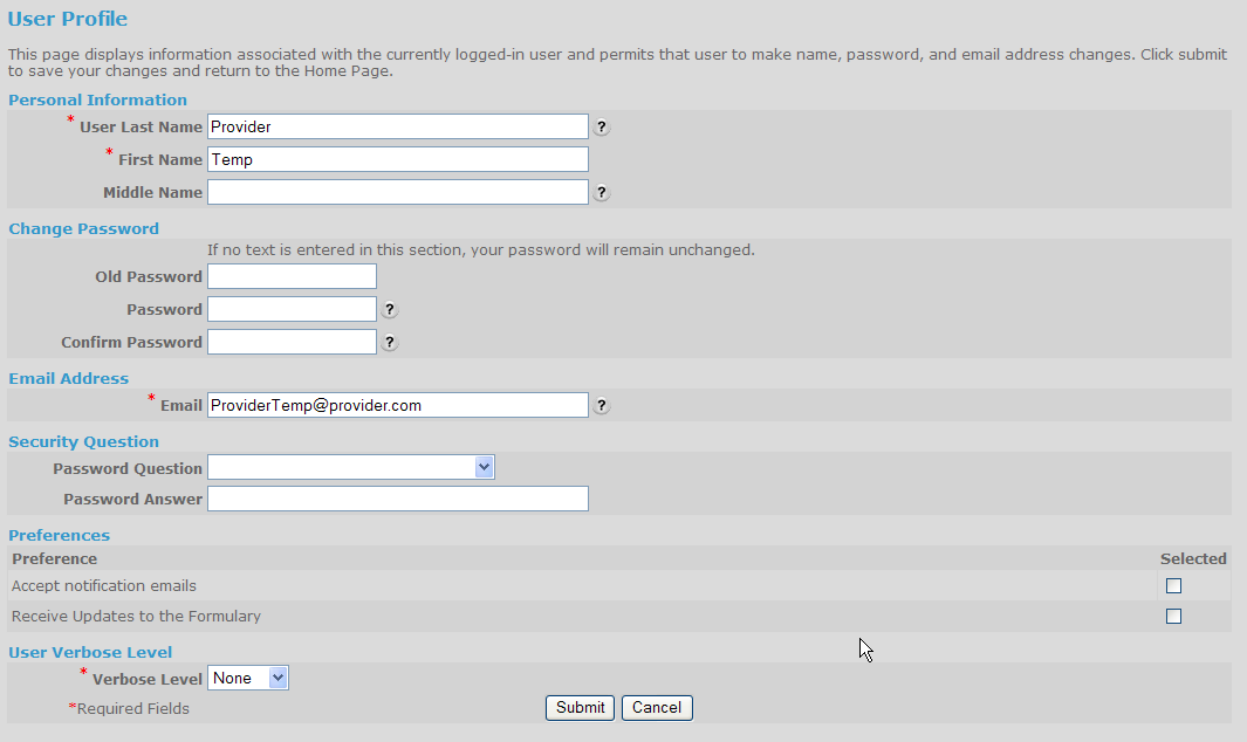

Provider Employee: Welcome Temp Provider
Home > User List > User Detail
Reset User Password
This page allows health plan users to reset a user's password. If granted permission, provider emplo
operation. Clicking submit activates the new password. The current password remains in effect if you
Password Information
Username
Password Question
Password Answer
Reset Password
New Password EGTOLYGF
Submit
Cancel

- The User Detail window displays. Click the **User List** breadcrumb to return. (Note: Upon the user's next login, the system will require the password to be changed.)
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

3.2 User Profile

Users of the secure web portal are allowed to maintain specific information regarding their user account such as name, password, e-mail address, password security question, notification preferences, and verbosity level.

- Select the **User Profile** option from the **ACCOUNT** tab. The User Profile window displays.



- At a minimum, the user's Last Name, First Name, and E-mail Address are required.
- To change the account password, enter the current password into the "**Old Password**" field, the new password into the "**Password**" field, and the new password again into the "**Confirm Password**" field. Note that the web portal will require the password to be changed at least every 90 days. The system will not allow the account user to reuse any of the last eight passwords that have been assigned to the account.
- In the "**Preferences**" section, this contains the notification preferences which allow the account user to receive system generated notifications. Note that this preference is the indicator used when the field, enter the desired information to be sent to the health plan.
- If a document attachment is to be included with the message, click the **Add Attachment** button. The Upload Attachment window displays.
- Browse for the desired file on your hard drive or network. When the file is selected, click the Submit button to upload the attachment. Multiple attachments can be included with the message by clicking the **Add Attachment** button. Note that there is a 5Mb size limit on attachments.
- Once the message to be sent is complete, click the Submit button to send the communication to the designated health plan department.

4.0 Searches and Inquiries

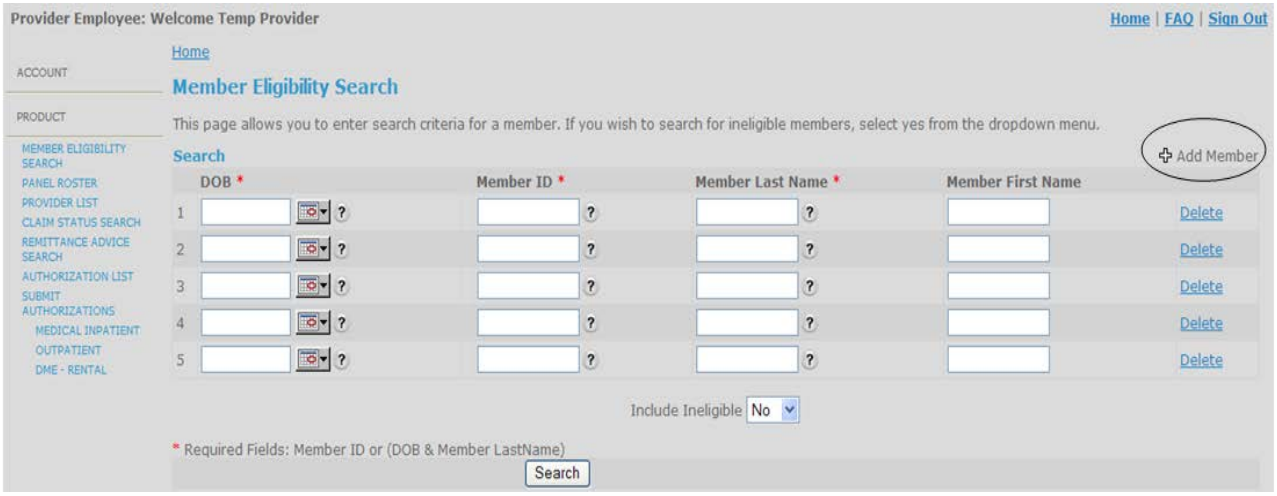
The provider user has the ability to perform detailed searches and inquiries on a variety of member healthcare information including eligibility verification, claim status, authorization status, remittance advice/payments, and panel rosters. Users can also do a provider directory search.

4.1 Healthcare Data Inquiry

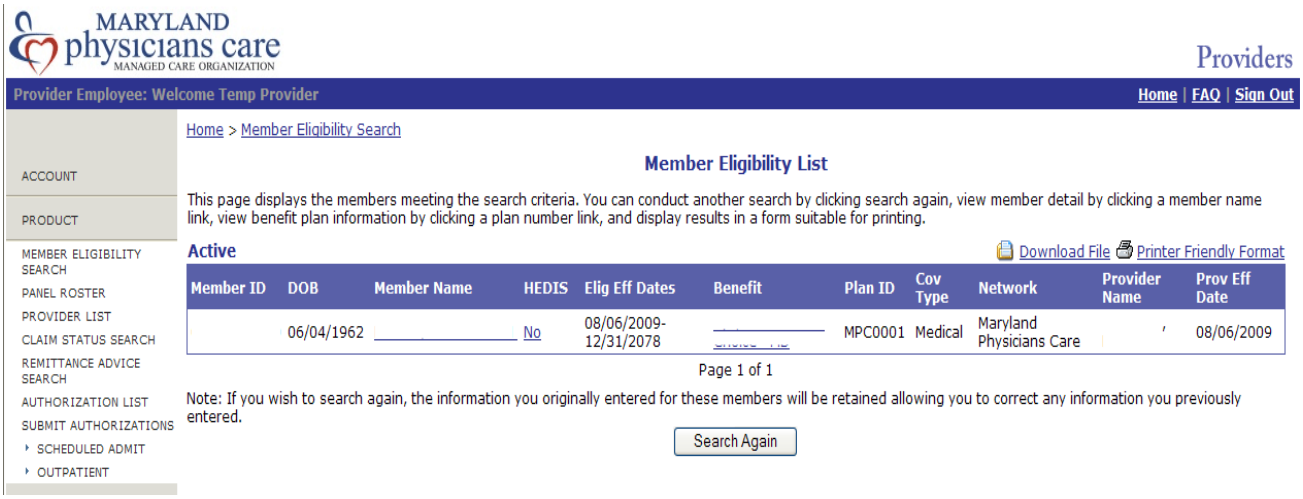
4.1.1 Member Eligibility Verification

The Member Eligibility Verification inquiry enables you to search, view and print member-specific health plan eligibility and enrollment information.

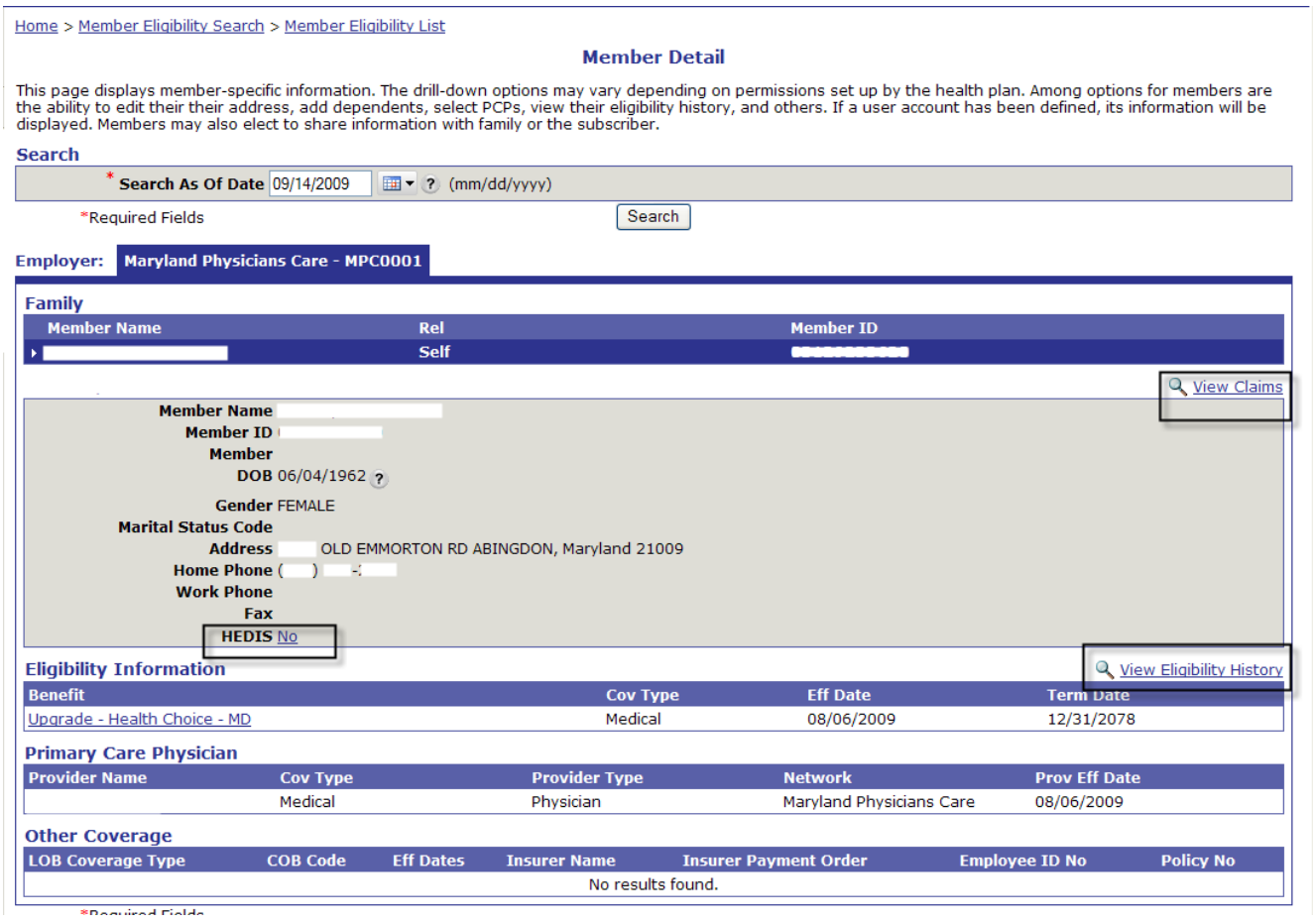
- Select the **Member Eligibility Search** option from the **PRODUCT** tab. The Member Eligibility Search window displays.
- Enter the member information to perform the search. The member ID/number or combination of member DOB and member Last Name is required as the minimum search data set. Search data fields include Date of Birth, Member ID, and Member Last/First Name. Users can enter one or more members to perform the eligibility check. Note that the dropdown field "Include Ineligible" is defaulted to No. To see all matching members regardless of their current eligibility status, change this dropdown selection to Yes.
- The initial search screen provides the option to select up to five members. If more are needed, click the **Add Member** option to the right of the screen. Each click will add another block of five members to be selected for eligibility verification.
- After entering the search criteria, click the **Search** button.



- The Member Eligibility List window displays. Click on the member's name.


MARYLAND physicians care
MANAGED CARE ORGANIZATION
Providers
Provider Employee: Welcome Temp Provider
Home | FAQ | Sign Out
ACCOUNT
PRODUCT
MEMBER ELIGIBILITY SEARCH
PANEL ROSTER
PROVIDER LIST
CLAIM STATUS SEARCH
REMITTANCE ADVICE SEARCH
AUTHORIZATION LIST
SUBMIT AUTHORIZATIONS
SCHEDULED ADMIT
OUTPATIENT
Home > Member Eligibility Search
Member Eligibility List
This page displays the members meeting the search criteria. You can conduct another search by clicking search again, view member detail by clicking a member name link, view benefit plan information by clicking a plan number link, and display results in a form suitable for printing.
Active
Download File
Printer Friendly Format
Member ID | DOB | Member Name | HEDIS | Elig Eff Dates | Benefit | Plan ID | Cov Type | Network | Provider Name | Prov Eff Date
06/04/1962 | No | 08/06/2009-12/31/2078 | MPC0001 | Medical | Maryland Physicians Care | 08/06/2009
Page 1 of 1
Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.
Search Again

- The Member Detail window displays with the member's current demographic, eligibility, and assigned PCP information.


Home > Member Eligibility Search > Member Eligibility List
Member Detail
This page displays member-specific information. The drill-down options may vary depending on permissions set up by the health plan. Among options for members are the ability to edit their their address, add dependents, select PCPs, view their eligibility history, and others. If a user account has been defined, its information will be displayed. Members may also elect to share information with family or the subscriber.
Search
Search As Of Date 09/14/2009 (mm/dd/yyyy)
*Required Fields
Search
Employer: Maryland Physicians Care - MPC0001
Family
Member Name | Rel | Member ID
Self
View Claims
Member Name
Member ID
Member
DOB 06/04/1962
Gender FEMALE
Marital Status Code
Address OLD EMMORTON RD ABINGDON, Maryland 21009
Home Phone
Work Phone
Fax
HEDIS No
Eligibility Information
View Eligibility History
Benefit | Cov Type | Eff Date | Term Date
Upgrade - Health Choice - MD | Medical | 08/06/2009 | 12/31/2078
Primary Care Physician
Provider Name | Cov Type | Provider Type | Network | Prov Eff Date
Medical | Physician | Maryland Physicians Care | 08/06/2009
Other Coverage
LOB Coverage Type | COB Code | Eff Dates | Insurer Name | Insurer Payment Order | Employee ID No | Policy No
No results found.

- To display all historical eligibility periods, click on the **View Eligibility History** option.

- To display any member claims submitted by the provider, click on the **View Claims** option.
- If the member has outstanding HEDIS intervention measures, the value in the "HEDIS" field will display as **Yes**. Click on the link to display the member's HEDIS measures.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

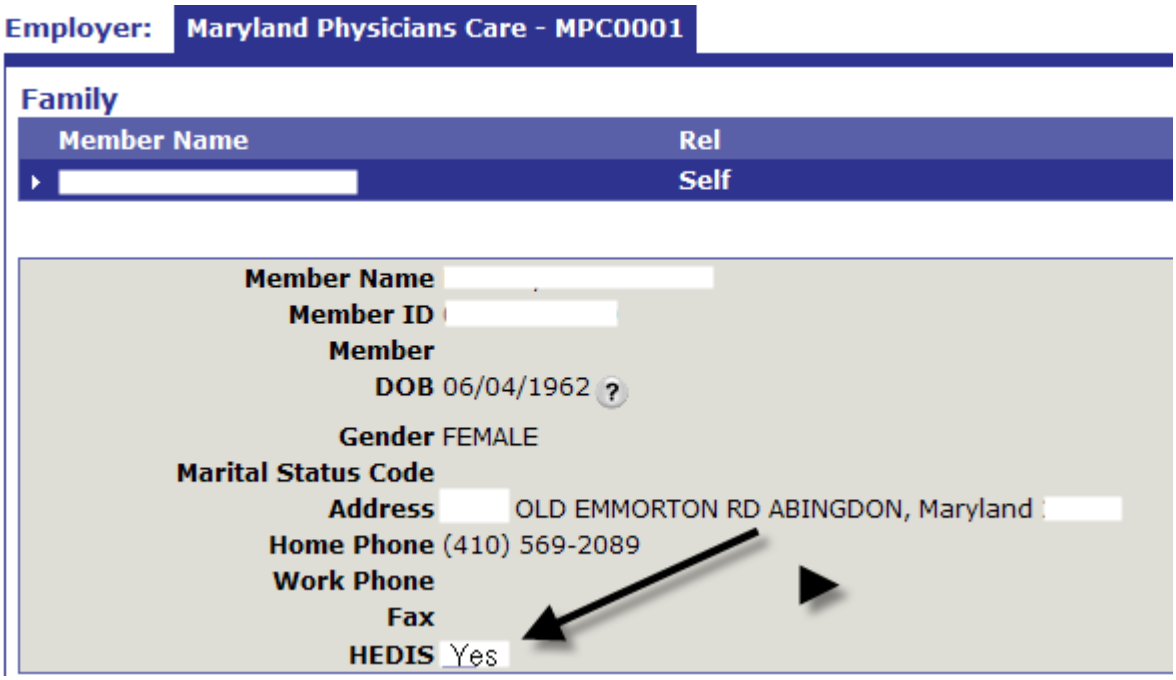
4.1.2 Member HEDIS Measures

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by the health plan to measure performance on important dimensions of care and service. Member HEDIS information is available to providers via the secure web portal.

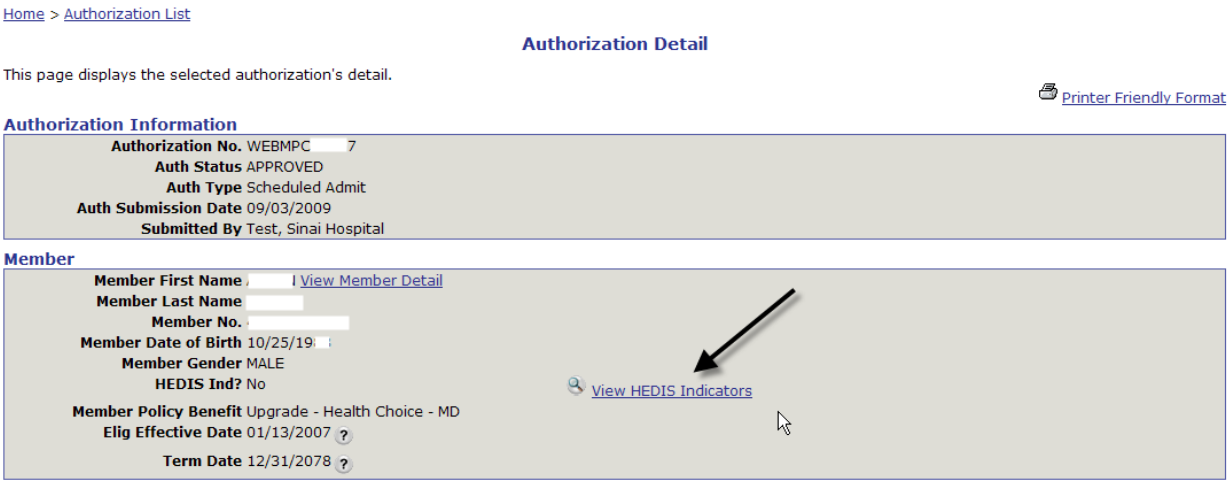
- HEDIS measures for individual members can be obtained through the result set of a member eligibility search from the Member Eligibility List window. Click on the hyperlink in the "HEDIS" column next to the member's name.

Home > Member Eligibility Search
Member Eligibility List
This page displays the members meeting the search criteria. You can conduct another search by clicking search again, view member detail by clicking a member name link, view benefit plan information by clicking a plan number link, and display results in a form suitable for printing.
Active
Download File
Printer Friendly Format
Member ID
DOB
Member Name
HEDIS
Elig Eff Dates
Benefit
Plan ID
Cov Type
Network
Provider Name
Prov Eff Date
06/04/19
Yes
08/06/2009-12/31/2078
Upgrade - Health Choice - MD
MPC0001
Medical
Maryland Physicians Care
08/06/2009
Page 1 of 1
Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.
Search Again

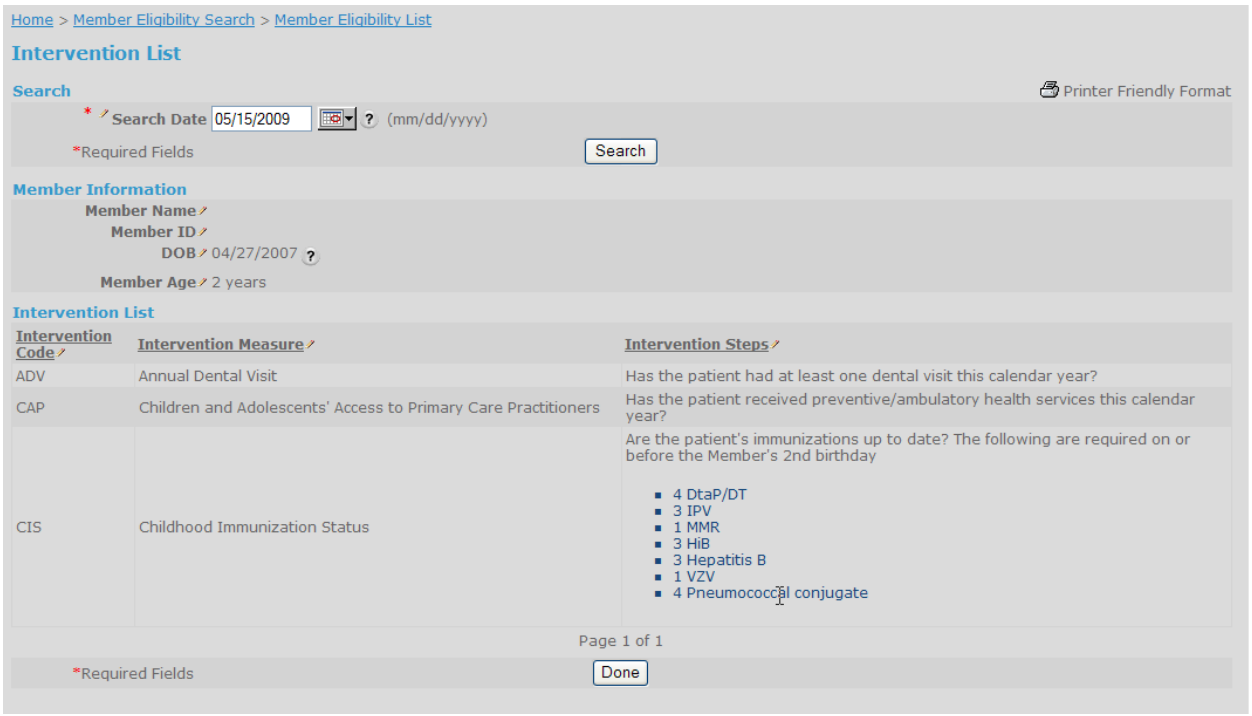
- The HEDIS measures hyperlink is also available from the Member Detail window display. Click on the hyperlink in the "HEDIS" field.



- Alternatively, the HEDIS measures hyperlink is also available from the Authorization Detail window when viewing authorization requests specific to the member. Click on the "View HEDIS Indicators" hyperlink.



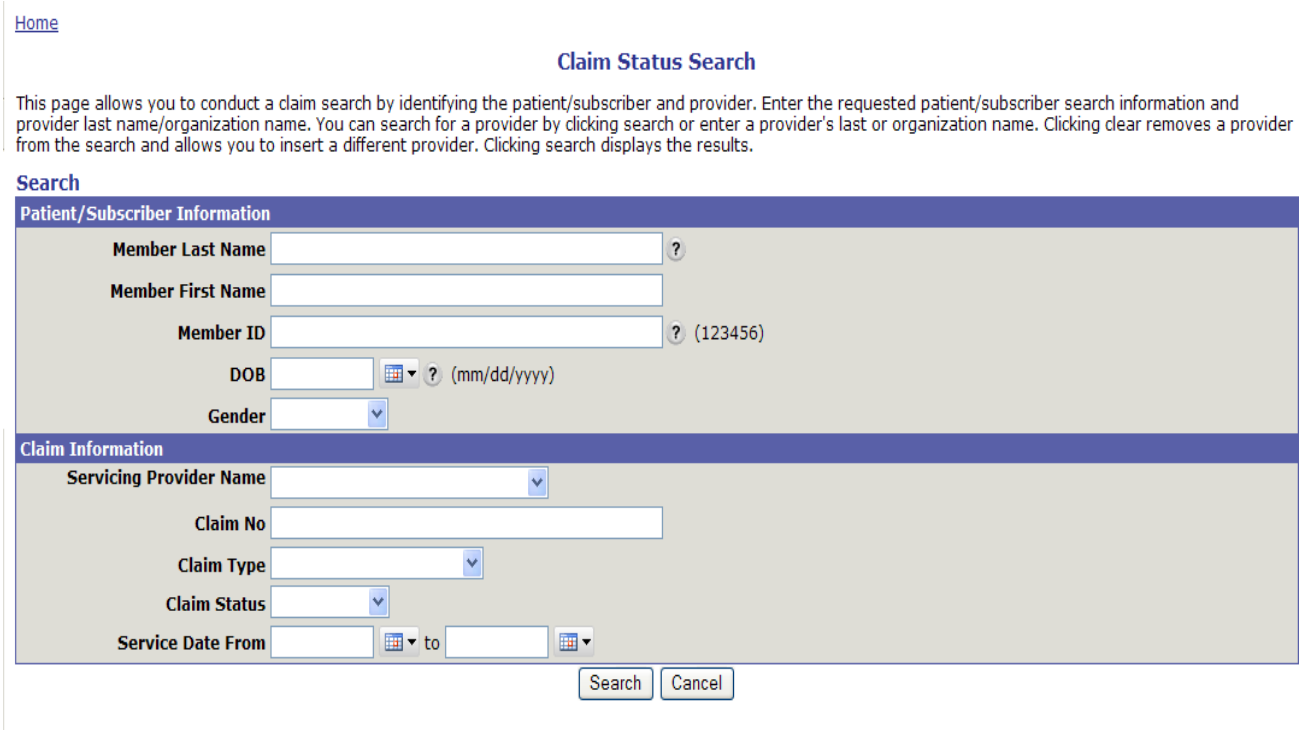
- The Intervention List window displays showing all current HEDIS measures (interventions) required for the member. HEDIS interventions will only be displayed in the "Intervention List" section of the page when the label on the HEDIS hyperlink is "**Yes**".



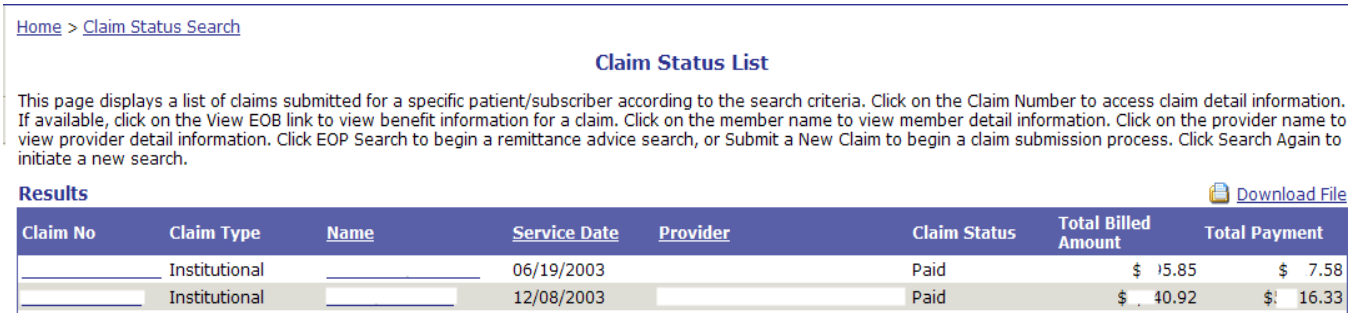
4.1.3 Claim Status

The Claims Status inquiry enables you to search, view, and print an Explanation of Benefits (EOB) report of your claims.

- Select the **Claim Status Search** option from the **PRODUCT** tab. The Claim Status Search window displays.
- Enter the claims information to perform the search. Search criteria data fields include member information and claims information including the service date range. After entering the search criteria, click the **Search** button.


Home
Claim Status Search
This page allows you to conduct a claim search by identifying the patient/subscriber and provider. Enter the requested patient/subscriber search information and provider last name/organization name. You can search for a provider by clicking search or enter a provider's last or organization name. Clicking clear removes a provider from the search and allows you to insert a different provider. Clicking search displays the results.
Search
Patient/Subscriber Information
Member Last Name
Member First Name
Member ID
(123456)
DOB
(mm/dd/yyyy)
Gender
Claim Information
Servicing Provider Name
Claim No
Claim Type
Claim Status
Service Date From
to
Search
Cancel

- The Claims Status List window displays. Click on an individual claim number.



Home > Claim Status Search

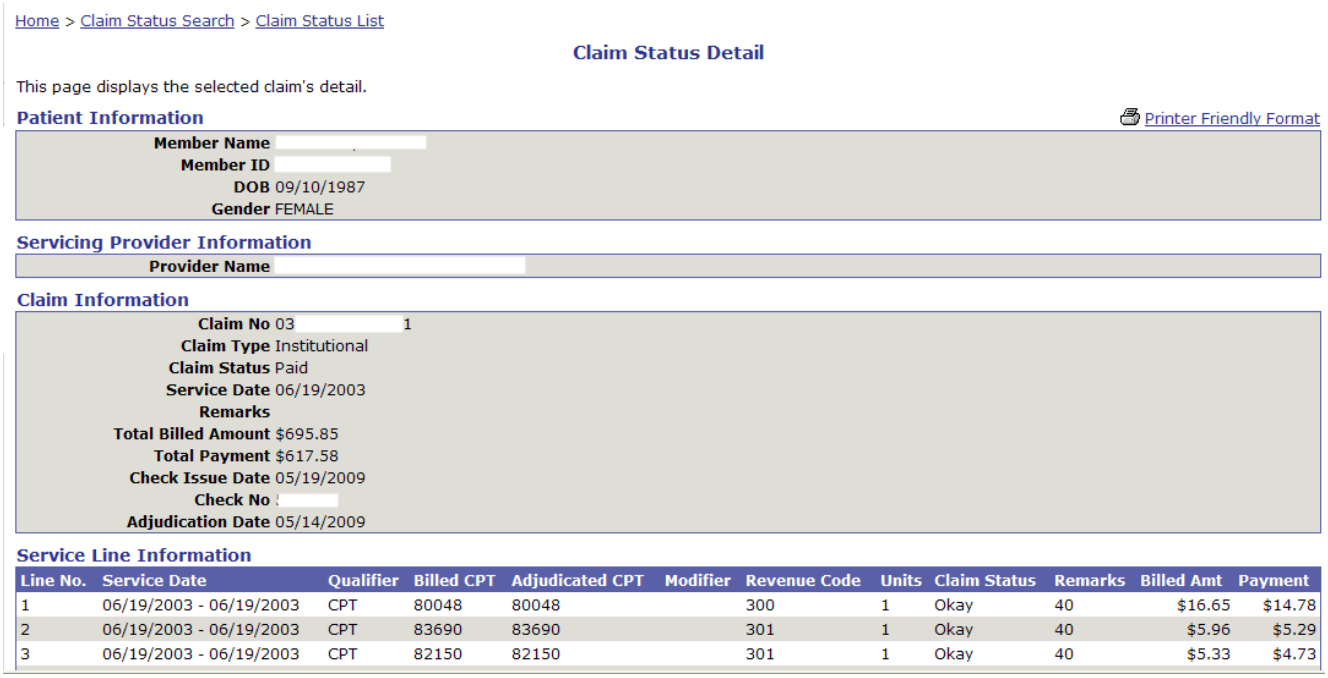
Claim Status List

This page displays a list of claims submitted for a specific patient/subscriber according to the search criteria. Click on the Claim Number to access claim detail information. If available, click on the View EOB link to view benefit information for a claim. Click on the member name to view member detail information. Click on the provider name to view provider detail information. Click EOP Search to begin a remittance advice search, or Submit a New Claim to begin a claim submission process. Click Search Again to initiate a new search.

Results Download File

Claim No	Claim Type	Name	Service Date	Provider	Claim Status	Total Billed Amount	Total Payment
	Institutional		06/19/2003		Paid	$ 5.85	$ 7.58
	Institutional		12/08/2003		Paid	$ 40.92	$ 16.33

- The Claim Status Detail window displays with the claim header and service line detail information.



Home > Claim Status Search > Claim Status List

Claim Status Detail

This page displays the selected claim's detail.

Patient Information Printer Friendly Format

Member Name
Member ID
DOB 09/10/1987
Gender FEMALE

Servicing Provider Information

Provider Name

Claim Information

Claim No 03 1
Claim Type Institutional
Claim Status Paid
Service Date 06/19/2003
Remarks
Total Billed Amount $695.85
Total Payment $617.58
Check Issue Date 05/19/2009
Check No
Adjudication Date 05/14/2009

Service Line Information

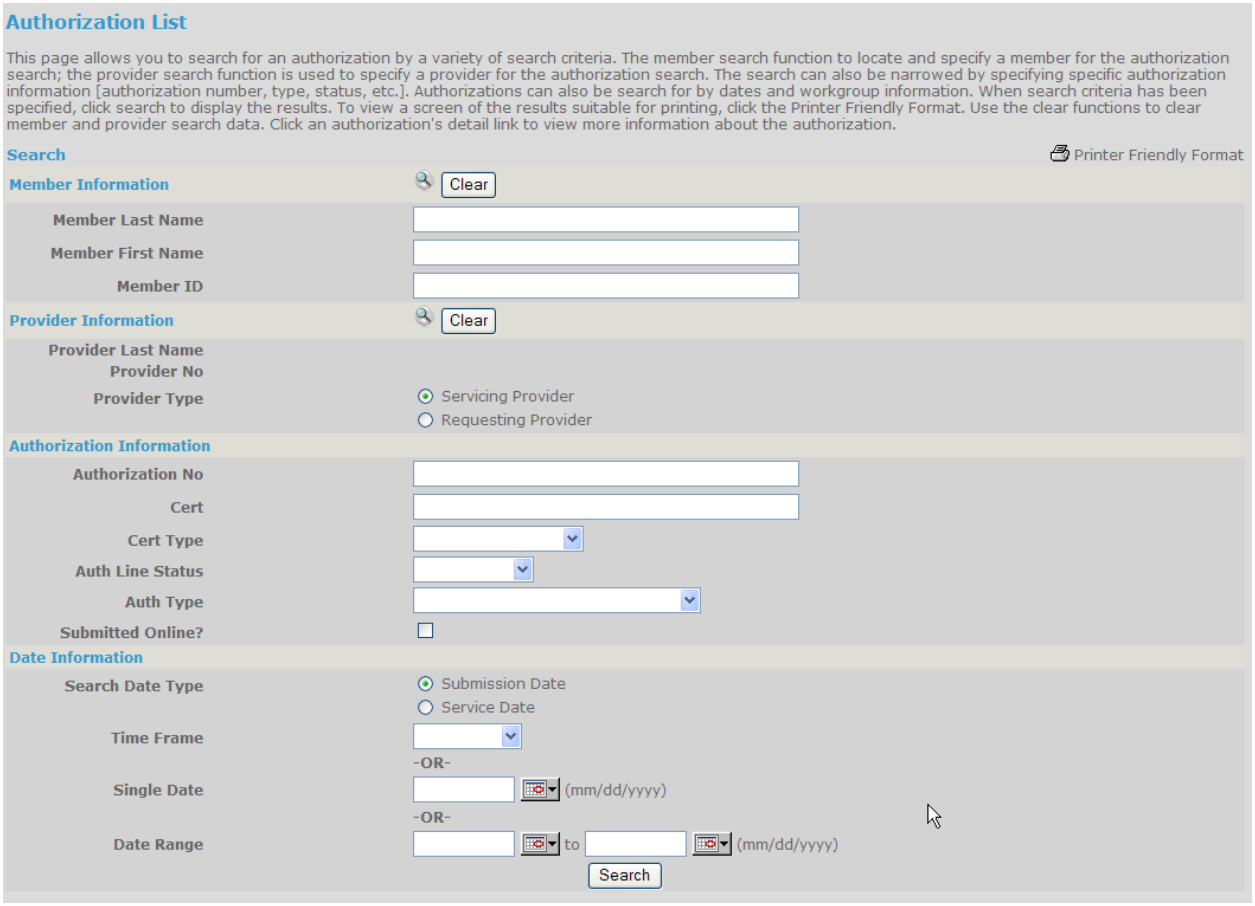
Line No.	Service Date	Qualifier	Billed CPT	Adjudicated CPT	Modifier	Revenue Code	Units	Claim Status	Remarks	Billed Amt	Payment
1	06/19/2003 - 06/19/2003	CPT	80048	80048		300	1	Okay	40	$16.65	$14.78
2	06/19/2003 - 06/19/2003	CPT	83690	83690		301	1	Okay	40	$5.96	$5.29
3	06/19/2003 - 06/19/2003	CPT	82150	82150		301	1	Okay	40	$5.33	$4.73

- Use the breadcrumbs or menu tab options to return to the previous screen(s).

4.1.4 Authorization Status

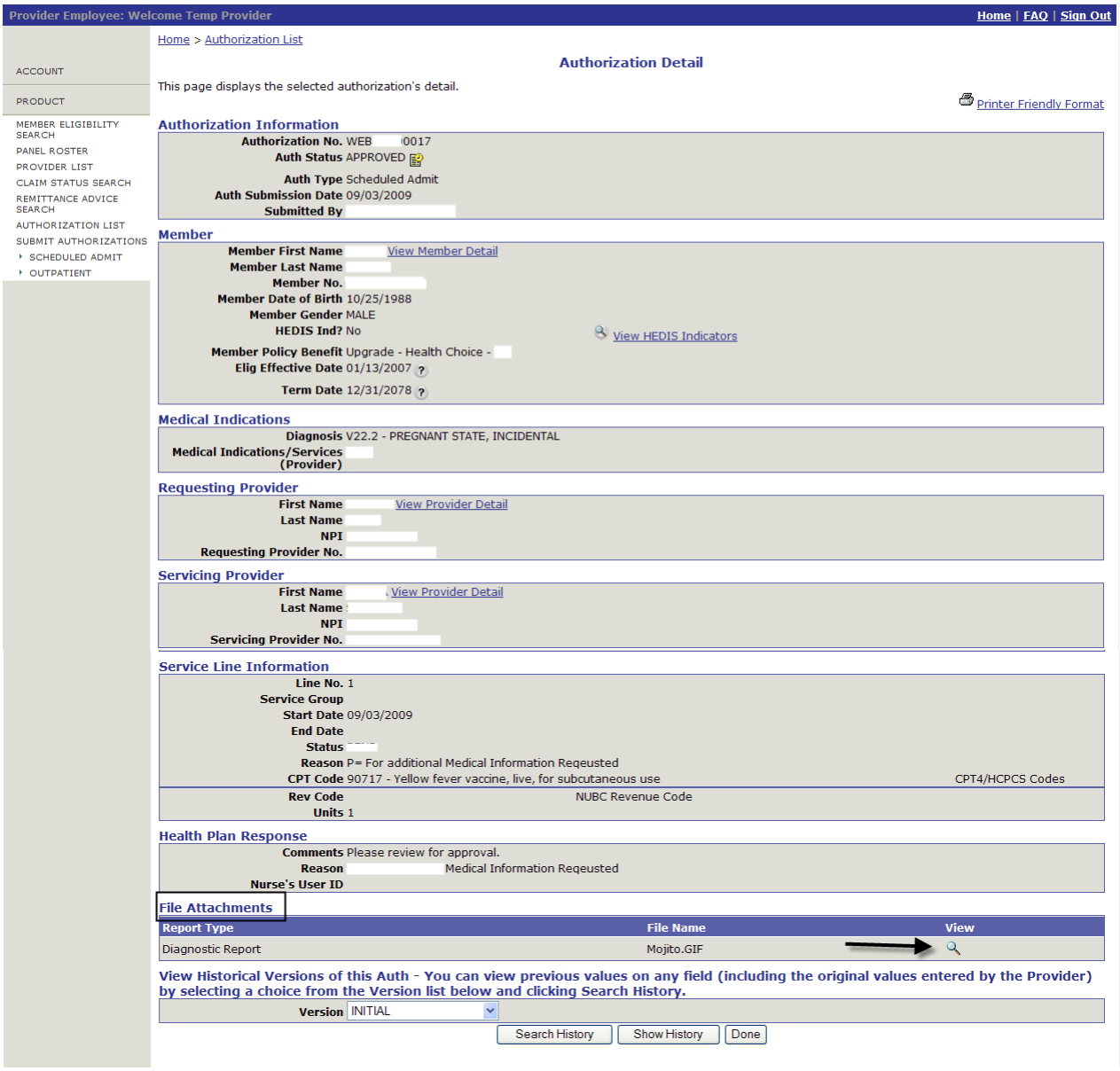
The Authorization Status inquiry enables you to search, view and print an authorization request.

- Select the **Authorization List** option from the **PRODUCT** tab. The Authorization List window displays.
- Enter the authorization information to perform the search. The member ID number is required as the minimum search data set. Search criteria data fields include member, provider, and authorization information, along with service/submission date ranges. After entering the search criteria, click the **Search** button.

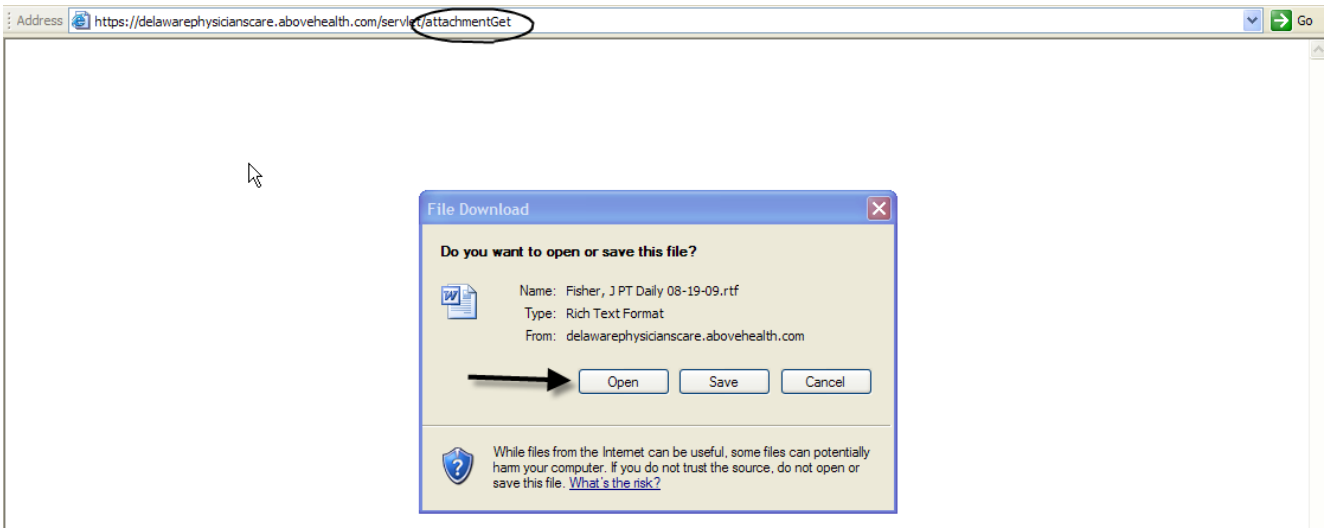

Authorization List
This page allows you to search for an authorization by a variety of search criteria. The member search function to locate and specify a member for the authorization search; the provider search function is used to specify a provider for the authorization search. The search can also be narrowed by specifying specific authorization information [authorization number, type, status, etc.]. Authorizations can also be search for by dates and workgroup information. When search criteria has been specified, click search to display the results. To view a screen of the results suitable for printing, click the Printer Friendly Format. Use the clear functions to clear member and provider search data. Click an authorization's detail link to view more information about the authorization.
Search
Printer Friendly Format
Member Information
Clear
Member Last Name
Member First Name
Member ID
Provider Information
Clear
Provider Last Name
Provider No
Provider Type
Servicing Provider
Requesting Provider
Authorization Information
Authorization No
Cert
Cert Type
Auth Line Status
Auth Type
Submitted Online?
Date Information
Search Date Type
Submission Date
Service Date
Time Frame
-OR-
Single Date
(mm/dd/yyyy)
-OR-
Date Range
to
(mm/dd/yyyy)
Search

- The Authorization List window will redisplay with those authorizations meeting the criteria. Hyperlinks are available on the Member Name, Requesting Provider and Servicing Provider. These links will take you to the corresponding detail page for that entity.
- Click on the **Detail** link next to the authorization number.

- The Authorization Detail window displays with the authorization request header and detail information.



- To view any attachments, click the magnifying glass to the right of the document name.
- A security window will open and ask you to Open, Save or Cancel the request to view the document. Select the appropriate option.
    - Open will open the document in a separate window.
    - Save will prompt you to select a location and save the document to your computer.
    - Cancel will terminate the action.


Address
https://delawarephysicianscare.abovehealth.com/servlet/attachmentGet
Go
File Download
Do you want to open or save this file?
Name: Fisher, J PT Daily 08-19-09.rtf
Type: Rich Text Format
From: delawarephysicianscare.abovehealth.com
Open
Save
Cancel
While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?

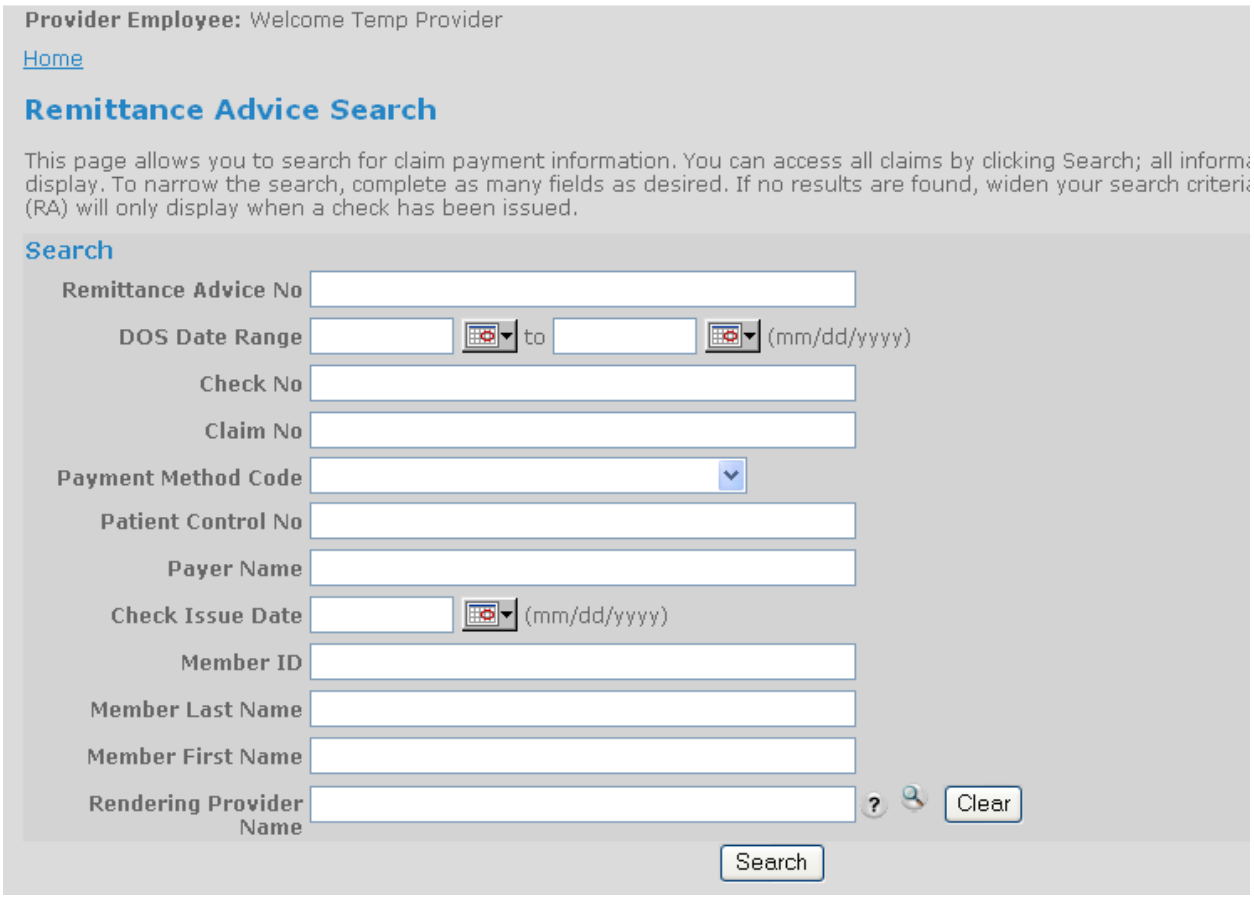
- When you have finished viewing the document, click the red X in the upper right corner of the document and the 'attachmentget' window to return to the Authorization Detail screen.

- Use the breadcrumbs or menu tab options to return to the previous screen(s).

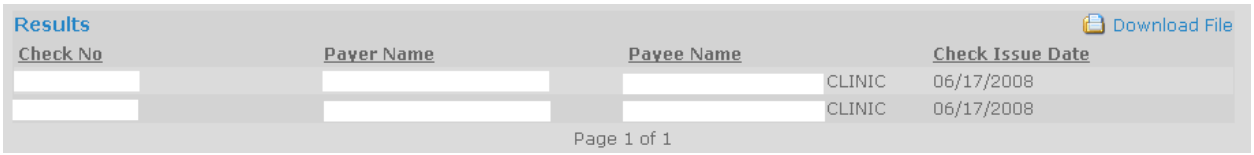
4.1.5 Remittance Advice Status

The RA Inquiry enables you to search, view, and print a Remittance Advice summary report of paid claims.

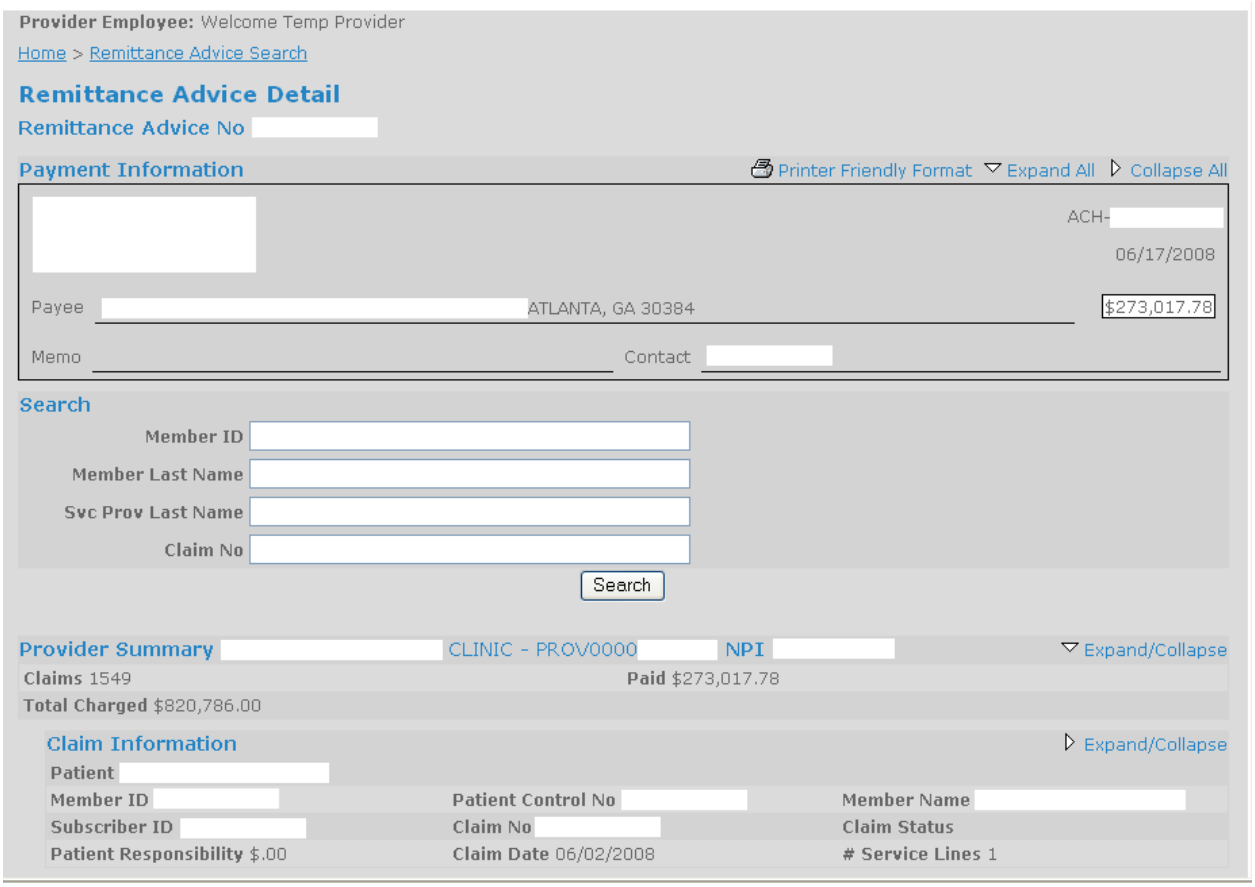
- Select the **Remittance Advice Search** option from the **PRODUCT** tab. The Remittance Advice Search window displays.
- The initial default display will be those RAs specific to the user's associated account provider ID. Enter the RA information to perform the search. Search criteria data fields include check number, claim number, member information, check issue date, and the service date range. After entering the search criteria, click the **Search** button.


Provider Employee: Welcome Temp Provider
Home
Remittance Advice Search
This page allows you to search for claim payment information. You can access all claims by clicking Search; all informa
display. To narrow the search, complete as many fields as desired. If no results are found, widen your search criteri
(RA) will only display when a check has been issued.
Search
Remittance Advice No
DOS Date Range
to
(mm/dd/yyyy)
Check No
Claim No
Payment Method Code
Patient Control No
Payer Name
Check Issue Date
(mm/dd/yyyy)
Member ID
Member Last Name
Member First Name
Rendering Provider Name
Clear
Search

- The Remittance Advice Search window will redisplay with those RAs meeting the criteria. Click on an individual check number.



- The Remittance Advice Detail window displays with the RA total payment amount and associated claim detail information.

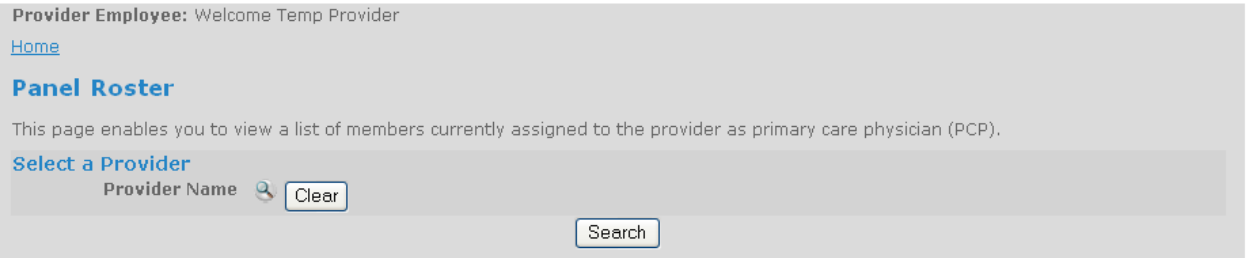


- An additional search is available to allow the user to find a specific member or specific claim within the RA. If desired, enter the additional criteria and click **Search**.
- Click on a specific claim number to show the Claim Status Detail screen.
- Click on the **Expand/Collapse** option next an individual claim to display the claim payment detail information.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

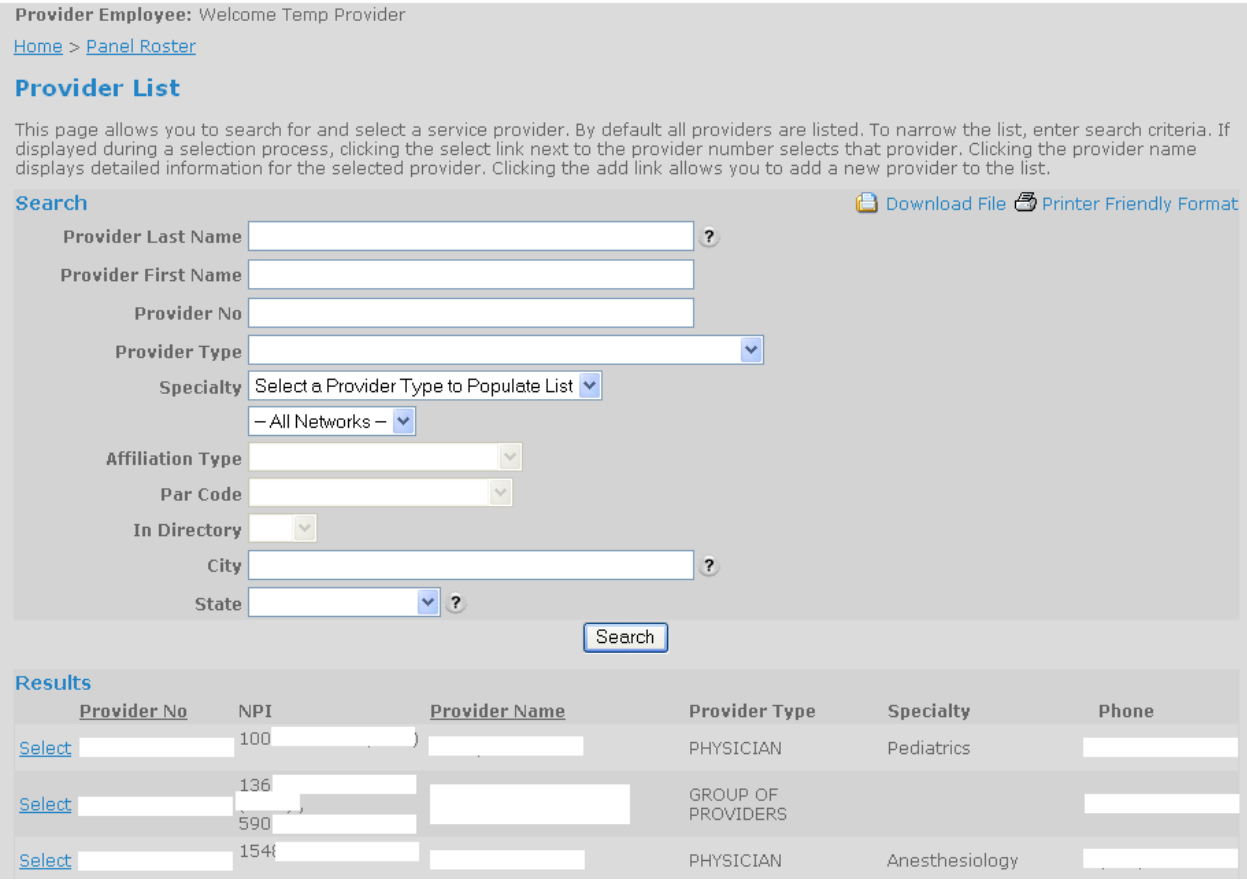
4.1.6 Panel Roster

The Panel Roster inquiry enables the user to view, print, and download a list of members currently assigned to the provider as primary care physician (PCP).

- Select the **Panel Roster** option from the **PRODUCT** tab. The Panel Roster window displays.

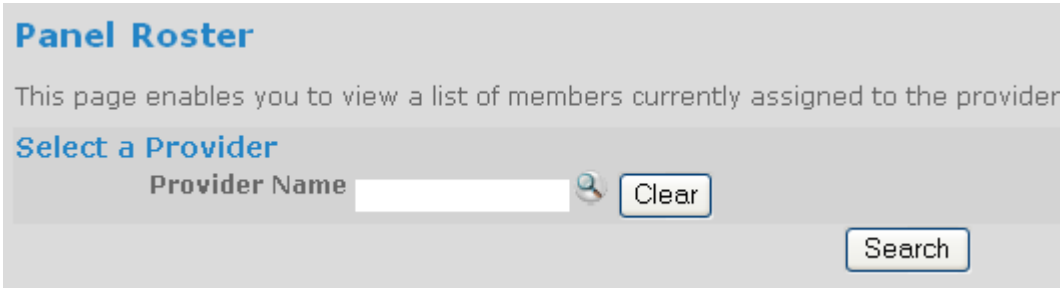

Provider Employee: Welcome Temp Provider
Home
Panel Roster
This page enables you to view a list of members currently assigned to the provider as primary care physician (PCP).
Select a Provider
Provider Name
Clear
Search

- The desired provider name must be selected as the first step. Click on the magnifying glass symbol to search for the affiliated providers.

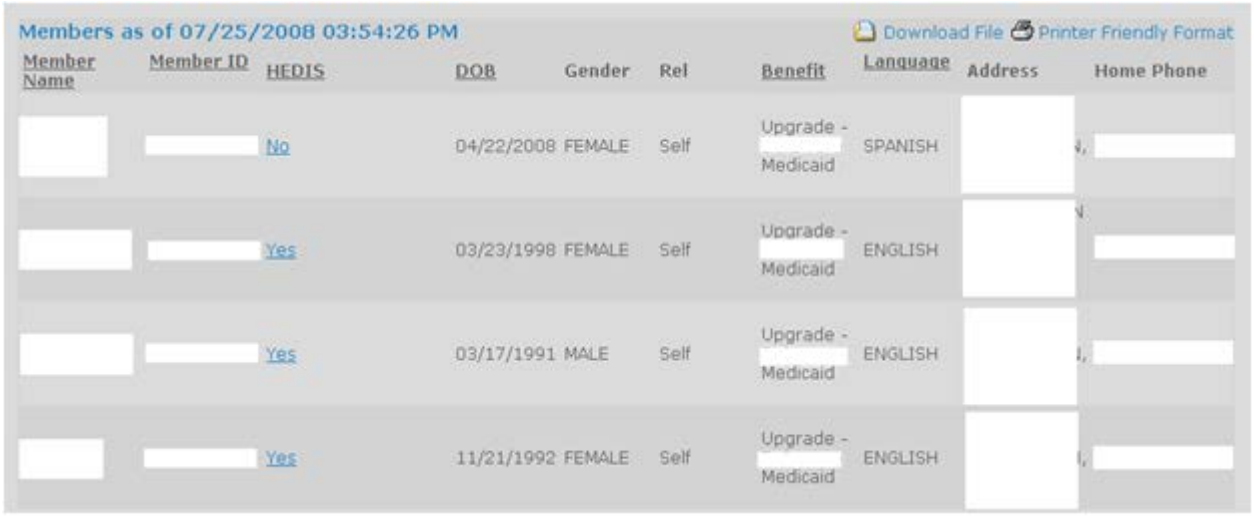


- The Provider List window displays. The initial result set is the list of all affiliated providers. If the list is long, you can also enter selection criteria to reduce the result set.
- Click on the **Select** link next to the desired provider.

- The Panel Roster window will be redisplayed with the selected provider's name. Click the **Search** button.


Panel Roster
This page enables you to view a list of members currently assigned to the provider
Select a Provider
Provider Name
Clear
Search

- The Panel Roster window will redisplay with those members assigned to the selected provider's panel roster.



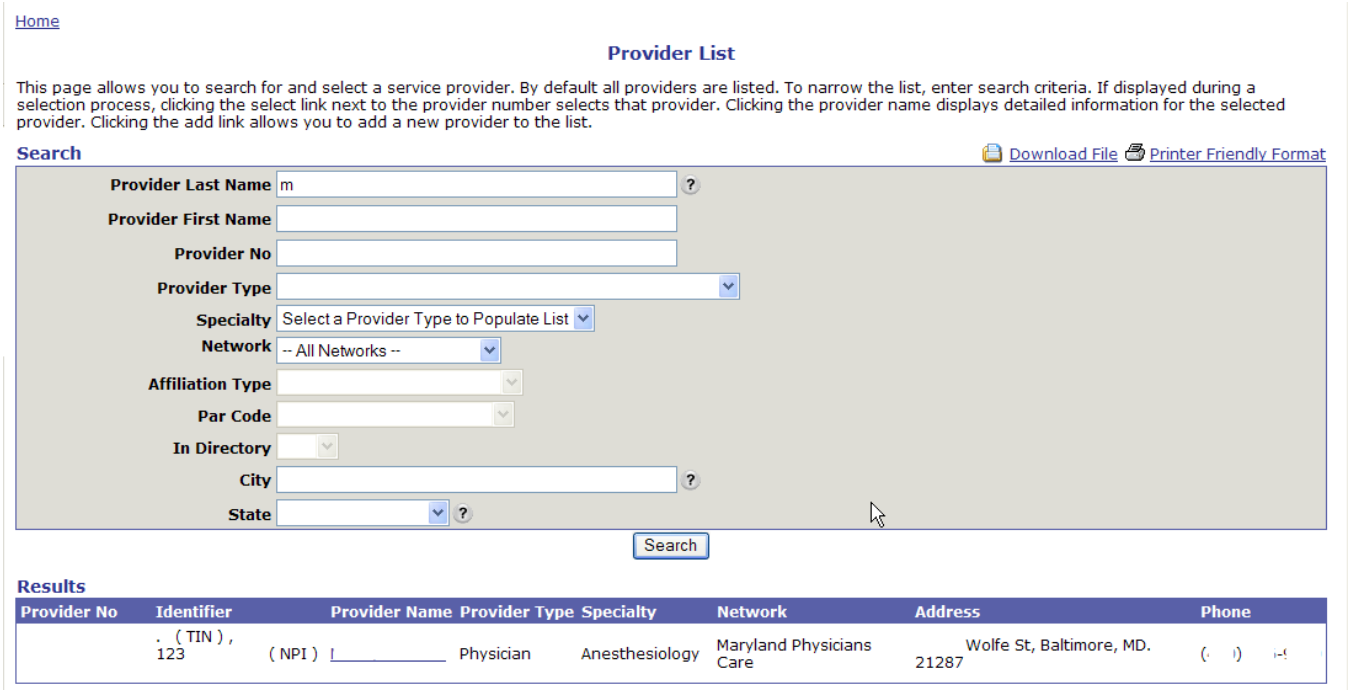
- Click on the member's name. The Member Detail window displays with the member's current demographic, eligibility, and assigned PCP information.
- To display all historical eligibility periods, click on the **View Eligibility History** option.
- To display any member claims submitted by the provider, click on the **View Claims** option.
- If the member has outstanding HEDIS intervention measures, the value in the "HEDIS" field (on both the Panel Roster window as well as the Member Detail window) will display as **Yes**. Click on the link to display the member's HEDIS measures.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

4.2 Provider Search

4.2.1 To Perform a Provider List Search

Provider users are allowed to view all affiliated providers to their office. Based on the provider ID assigned to the account, the web site determines which provider records are allowed to be viewed on-line.

- Select the **Provider List** option from the PRODUCT tab. The Provider List window displays.



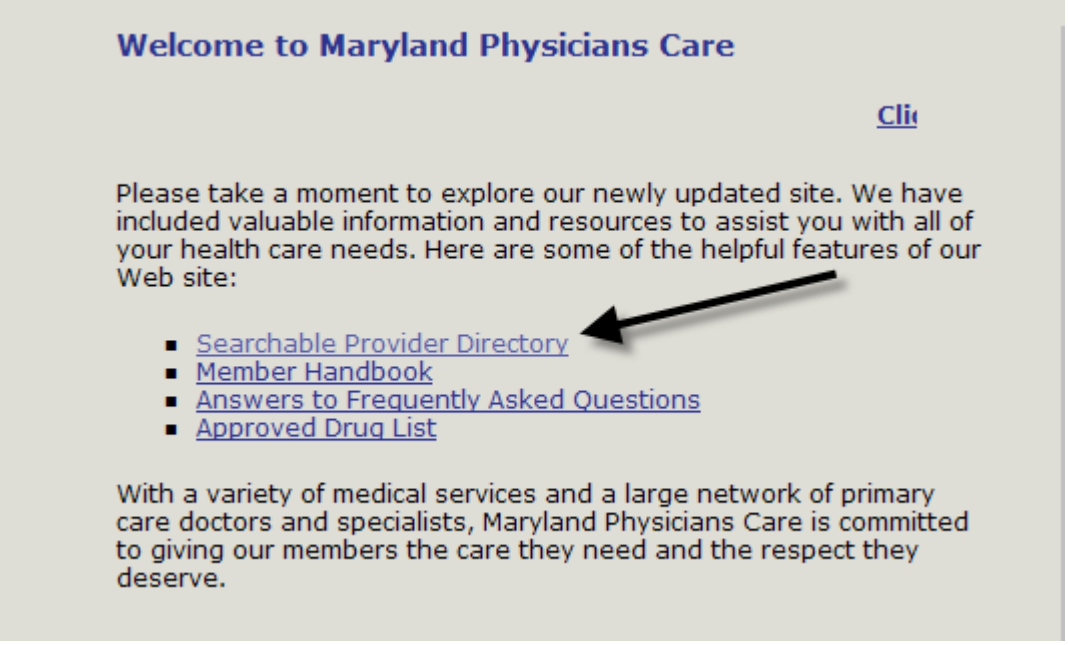
- After entering the search criteria, click the **Search** button. The Provider List window will re-display with those providers meeting the criteria.

- Click on the provider's name. The Provider Detail window displays with the provider's current demographic, specialty, and affiliation information.

- To display the provider's panel roster, click on the **View Panel Roster** option.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

4.2.2 To Perform a Provider Directory Search

To perform a search of all providers, use the following link **http://www.marylandphysicianscare.com/ProviderSearch.aspx** for the Provider Directory Search function on the Maryland Physicians Care static web site.


Welcome to Maryland Physicians Care
Please take a moment to explore our newly updated site. We have included valuable information and resources to assist you with all of your health care needs. Here are some of the helpful features of our Web site:
Searchable Provider Directory
Member Handbook
Answers to Frequently Asked Questions
Approved Drug List
With a variety of medical services and a large network of primary care doctors and specialists, Maryland Physicians Care is committed to giving our members the care they need and the respect they deserve.

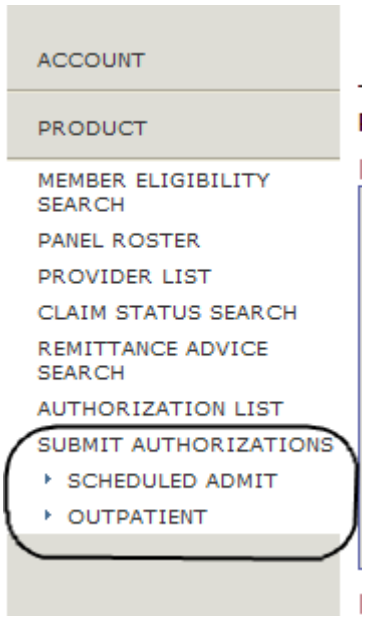
5.0 Submitting an Authorization Request

There are two different types of authorization requests that can be submitted on-line – Scheduled Admit and Outpatient. Emergency services do not require authorization or notification to the health plan.

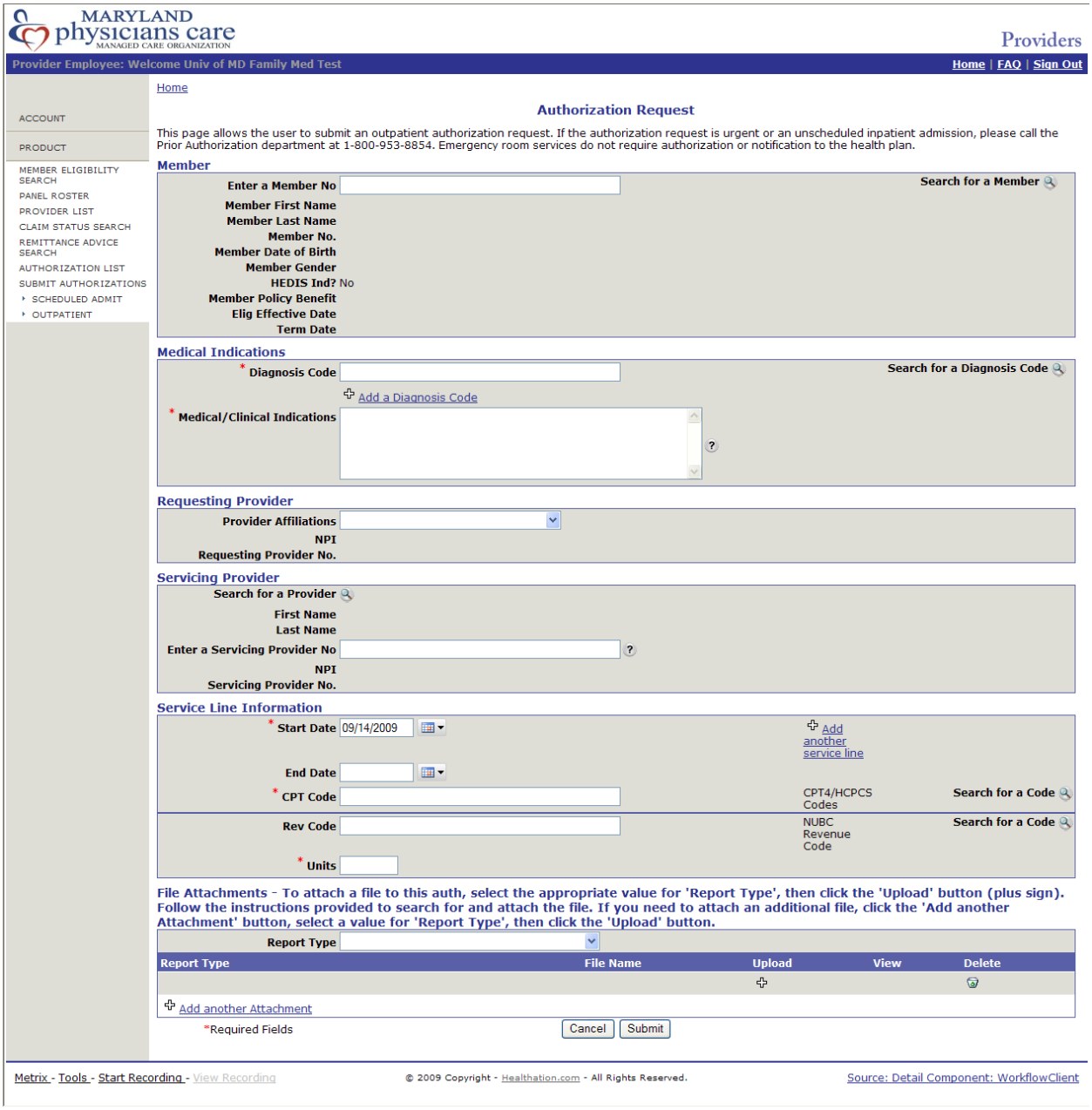
(Note: If the authorization request is urgent or an unscheduled inpatient admission, please call the Prior Authorization department at 1-800-953-8854.)

5.1 Selecting the Authorization Type

- To submit an authorization request for a Scheduled Admit, select the **Scheduled Admit** sub-option (under the **Submit Authorizations** option) from the **PRODUCT** tab.
- To submit an authorization request for Outpatient, select the **Outpatient** sub-option (under the **Submit Authorizations** option) from the **PRODUCT** tab.



- The Authorization Request window displays.


MARYLAND physicians care
MANAGED CARE ORGANIZATION
Providers
Provider Employee: Welcome Univ of MD Family Med Test
Home | FAQ | Sign Out
ACCOUNT
PRODUCT
MEMBER ELIGIBILITY SEARCH
PANEL ROSTER
PROVIDER LIST
CLAIM STATUS SEARCH
REMITTANCE ADVICE SEARCH
AUTHORIZATION LIST
SUBMIT AUTHORIZATIONS
SCHEDULED ADMIT
OUTPATIENT
Home
Authorization Request
This page allows the user to submit an outpatient authorization request. If the authorization request is urgent or an unscheduled inpatient admission, please call the Prior Authorization department at 1-800-953-8854. Emergency room services do not require authorization or notification to the health plan.
Member
Enter a Member No
Search for a Member
Member First Name
Member Last Name
Member No.
Member Date of Birth
Member Gender
HEDIS Ind? No
Member Policy Benefit
Elig Effective Date
Term Date
Medical Indications
* Diagnosis Code
Search for a Diagnosis Code
Add a Diagnosis Code
* Medical/Clinical Indications
Requesting Provider
Provider Affiliations
NPI
Requesting Provider No.
Servicing Provider
Search for a Provider
First Name
Last Name
Enter a Servicing Provider No
NPI
Servicing Provider No.
Service Line Information
* Start Date 09/14/2009
End Date
* CPT Code
CPT4/HCPCS Codes
Search for a Code
Rev Code
NUBC Revenue Code
Search for a Code
* Units
Add another service line
File Attachments - To attach a file to this auth, select the appropriate value for 'Report Type', then click the 'Upload' button (plus sign). Follow the instructions provided to search for and attach the file. If you need to attach an additional file, click the 'Add another Attachment' button, select a value for 'Report Type', then click the 'Upload' button.
Report Type
Report Type
File Name
Upload
View
Delete
Add another Attachment
*Required Fields
Cancel
Submit
Metrix - Tools - Start Recording - View Recording
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Source: Detail Component: WorkflowClient

5.2 Completing the Authorization Request

Once the type is selected, the specific authorization detail is entered.

5.2.1 Member Information

- The first step in the authorization submission process is to select the member for which the referral is being made.
- If the member ID is known, simply enter it in the "**Enter Member No.**" field. Note that if the member's ID is entered directly in this field, the member's information will not be displayed on the page.
- Otherwise, click on the "Search for a Member" magnifying glass symbol to perform the search.
- The Member Eligibility Search window displays.
- Enter the member information to perform the search. The member ID number is required as the minimum search data set. Search data fields include Date of Birth, Member ID, and Member Last/First Name. Note that the dropdown field "Include Ineligible" is defaulted to No, indicating that the search should only result in a member that has current enrollment benefits.
- After entering the search criteria, click the **Search** button. The Member Eligibility List window displays.
- Click on the **Select** link next to the member. The Authorization Request window is redisplayed with the member's information now populated.

5.2.2 Medical Indications

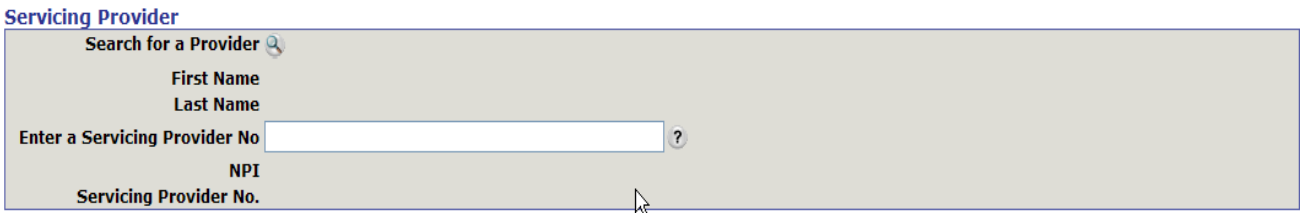
- In the "**Diagnosis Code**" box, enter the first diagnosis code for the member.
- If the actual code is not known, click on the "Search for a Diagnosis Code" magnifying glass symbol. The Diagnosis List window displays. Enter the diagnosis description (a partial description is okay) and click **Search**. From the resulting list of ICD9 Details, click the **Select** link next to the desired code. The Authorization Request window is redisplayed with the selected diagnosis code populated.

- To enter an additional diagnosis code (up to four can be submitted on the authorization), click on the **Add a Diagnosis Code** option.
- If multiple diagnosis codes are displayed, and one or more need to be removed, click on the **Delete a Diagnosis Code** option next to the code to be removed.
- In the "**Medical/Clinical Indications**" box, enter a detailed description of the services being requested. Also include a contact name and phone number should the health plan need to contact you for additional information regarding the authorization request.

5.2.3 Requesting Provider

- With the member selected and the authorization medical information entered, the next step in the authorization submission process is to select the requesting provider who is making the referral.
- If the provider ID is known, simply enter it in the "**Enter a Requesting Provider No**" field. Note that if the provider's ID is entered directly in this field, the provider's information will not be displayed.
- Otherwise, click on the "Search for a Provider" magnifying glass symbol to perform the search. The Provider List window displays.
- Enter the provider name and or ID information to perform the search. After entering the search criteria, click the **Search** button. The Provider List window redisplays with the providers who match the search criteria.
- Click on the **Select** link next to the desired provider. The Authorization Request window is redisplayed with the requesting provider's information now populated.

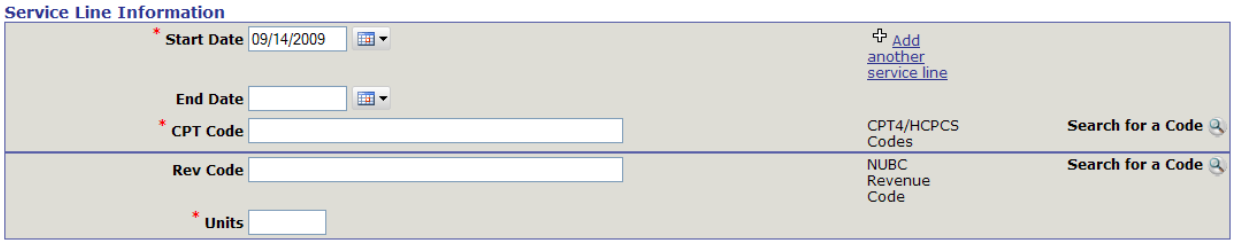
5.2.4 Servicing Provider



- After the requesting provider is chosen, the user must now select the servicing provider who will be performing the requested referral services.
- If the provider ID is known, simply enter it in the "**Enter a Servicing Provider No**" field. Note that if the provider's ID is entered directly in this field, the provider's information will not be displayed.
- Otherwise, click on the "Search for a Provider" magnifying glass symbol to perform the search. The Provider List window displays.

- Enter the provider name and or ID information to perform the search. After entering the search criteria, click the **Search** button. The Provider List window redisplays with the providers who match the search criteria.
- Click on the **Select** link next to the desired provider. The Authorization Request window is redisplayed with the servicing provider's information now populated.

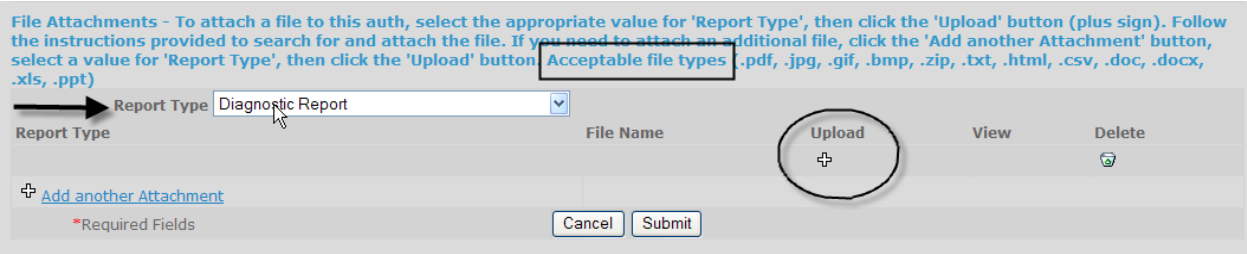
5.2.5 Authorization Service Information



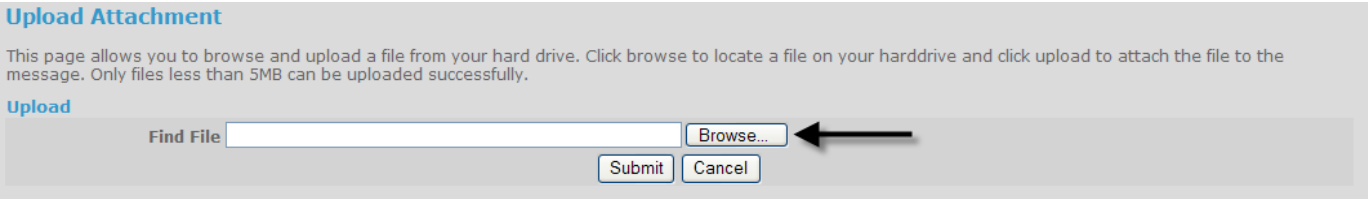
- In the "**Start Date**" box, enter the requested beginning date of the authorization period. Click on the calendar symbol next to the box to display a calendar and choose a date. The authorization Start Date is a required field for all authorization types and the format must be entered as "mm/dd/yy" or "mm/dd/ccyy".
- In the "**End Date**" box, enter the requested ending date of the authorization period. Click on the calendar symbol next to the box to display a calendar and choose a date. The authorization End Date is a required field only for the Medical Inpatient authorization type. If populated, the format must be entered as "mm/dd/yy" or "mm/dd/ccyy".
- When the Medical Inpatient authorization type is selected, the "**Admit Date**" will be displayed on the page and is a required field. In the "**Admit Date**" box, enter the date the member will admitted to the inpatient facility. Click on the calendar symbol next to the box to display a calendar and choose a date. The format must be entered as "mm/dd/yy" or "mm/dd/ccyy".
- In the "**CPT Code**" box, enter the first service code being requested for the member. The CPT Code is a required field for all authorization types.
- If the actual code is not known, click on the "Search for a Code" magnifying glass symbol. The Procedure List window displays. Enter the service code description (a partial description is okay) and click **Search**. From the resulting list of CPT details, click the **Select** link next to the desired code. The Authorization Request window is redisplayed with the selected CPT code populated.
- If applicable for the authorization service line, in the "**Revenue Code**" box, enter the service revenue code being requested for the member.
- If the actual code is not known, click on the "Search for a Code" magnifying glass symbol. The Procedure List window displays. Enter the service code description (a partial description is okay) and click **Search**. From the resulting list of Revenue Code details, click the **Select** link next to the desired code. The Authorization Request window is redisplayed with the selected Revenue code populated.
-
- In the "**Units**" box, enter the number of units (days, services, increments, etc.) being requested for the selected procedure or service. The Units requested is a required field for all authorization types.

- To enter an additional authorization service (up to 99 can be submitted on the authorization), click on the **Add another service line** option. Note that the authorization dates previously entered will be defaulted into the new service line authorization date fields.
- If multiple authorization service lines are displayed, and one or more need to be removed, click on the **Delete Service Line** option next to the authorization service line to be removed.

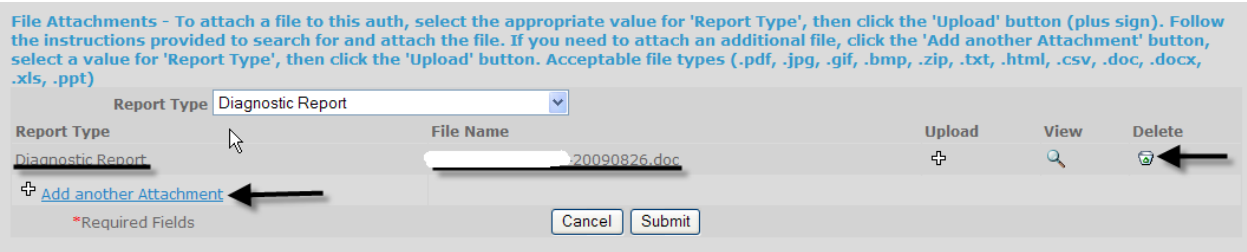
5.2.7 File Attachments


File Attachments - To attach a file to this auth, select the appropriate value for 'Report Type', then click the 'Upload' button (plus sign). Follow the instructions provided to search for and attach the file. If you need to attach an additional file, click the 'Add another Attachment' button, select a value for 'Report Type', then click the 'Upload' button. Acceptable file types (.pdf, .jpg, .gif, .bmp, .zip, .txt, .html, .csv, .doc, .docx, .xls, .ppt)
Report Type
Diagnostic Report
Report Type
File Name
Upload
View
Delete
Add another Attachment
*Required Fields
Cancel
Submit

- You may attach supporting documentation in the **"File Attachment"** section of the Authorization Submission form. Acceptable file types are listed in the notes section of **"File Attachment"**.
- To attach a document, click on the **"Report Type"** drop down menu to select the appropriate value. Note: you must select a report type before you can upload a document.
- Click the plus sign (+) under the **"Upload"** label. You will be taken to the **"Upload Attachment"** screen.


Upload Attachment
This page allows you to browse and upload a file from your hard drive. Click browse to locate a file on your harddrive and click upload to attach the file to the message. Only files less than 5MB can be uploaded successfully.
Upload
Find File
Browse...
Submit
Cancel

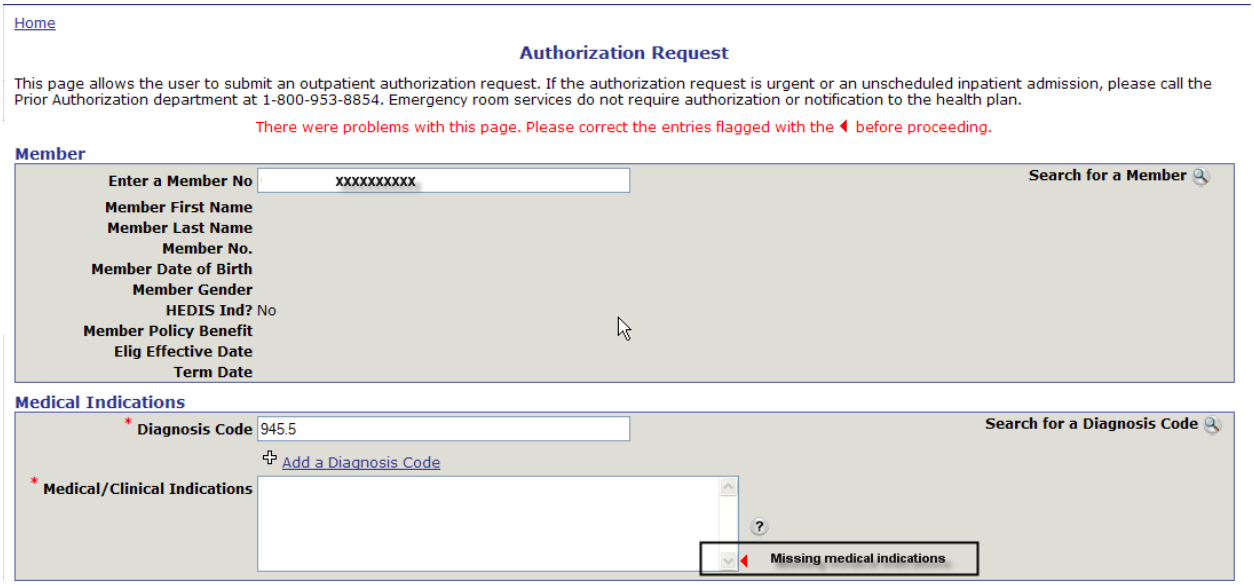
- Use the 'Browse' button to search for and select your document.
- Select **"Submit"** to complete the attachment of your file and return to the Authorization Request screen. Select Cancel to return to the Authorization Request screen without attaching a document.


File Attachments - To attach a file to this auth, select the appropriate value for 'Report Type', then click the 'Upload' button (plus sign). Follow the instructions provided to search for and attach the file. If you need to attach an additional file, click the 'Add another Attachment' button, select a value for 'Report Type', then click the 'Upload' button. Acceptable file types (.pdf, .jpg, .gif, .bmp, .zip, .txt, .html, .csv, .doc, .docx, .xls, .ppt)
Report Type
Diagnostic Report
Report Type
File Name
Upload
View
Delete
Diagnostic Report
20090826.doc
Add another Attachment
*Required Fields
Cancel
Submit

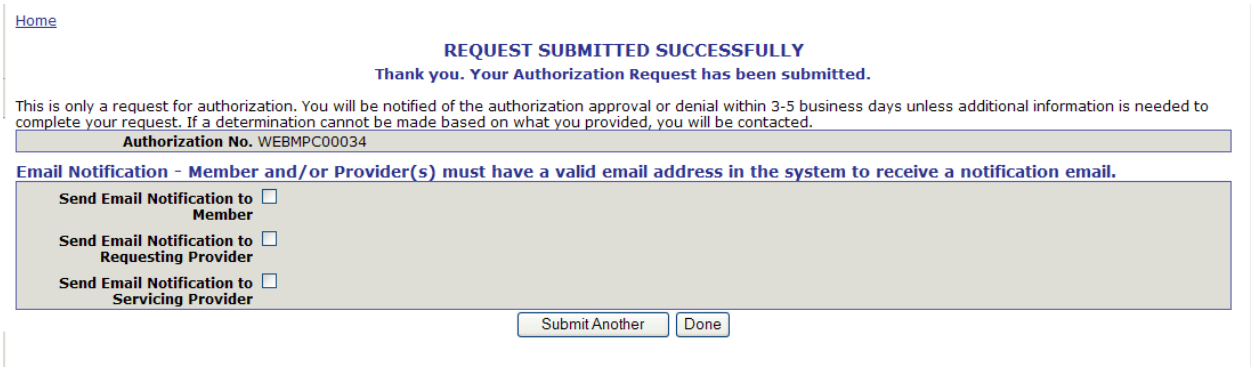
- To attach additional documents click the **"Add another Attachment"** link. You can attach up to 10 documents. Max size of each document is 5 MG.
- To delete an attached document, click the **"Delete"** icon.

5.2.8 Final Submission of the Authorization

- When all authorization information has been entered, click the **Submit** button.
- If there are any errors in the data entered on the authorization, the Authorization Request window will redisplay with the message "*There were problems with this page. Please correct the entries flagged before proceeding.*" Each field containing an error will be indicated by a red triangle. Hover the pointer over the red triangle to display the specific field error message.


Home
Authorization Request
This page allows the user to submit an outpatient authorization request. If the authorization request is urgent or an unscheduled inpatient admission, please call the Prior Authorization department at 1-800-953-8854. Emergency room services do not require authorization or notification to the health plan.
There were problems with this page. Please correct the entries flagged with the before proceeding.
Member
Enter a Member No
xxxxxxxxxx
Search for a Member
Member First Name
Member Last Name
Member No.
Member Date of Birth
Member Gender
HEDIS Ind? No
Member Policy Benefit
Elig Effective Date
Term Date
Medical Indications
Diagnosis Code 945.5
Search for a Diagnosis Code
Add a Diagnosis Code
Medical/Clinical Indications
Missing medical indications

- Correct any error(s) and click the **Submit** button again.
- Upon successful completion of the authorization submission, the Request Submitted Successfully window will display with the assigned authorization number shown in the Authorization No. field.


Home
REQUEST SUBMITTED SUCCESSFULLY
Thank you. Your Authorization Request has been submitted.
This is only a request for authorization. You will be notified of the authorization approval or denial within 3-5 business days unless additional information is needed to complete your request. If a determination cannot be made based on what you provided, you will be contacted.
Authorization No. WEBMPC00034
Email Notification - Member and/or Provider(s) must have a valid email address in the system to receive a notification email.
Send Email Notification to Member
Send Email Notification to Requesting Provider
Send Email Notification to Servicing Provider
Submit Another
Done

- Check the desired e-mail notification boxes to inform the other provider and member of the authorization submission.
- Click the **Submit Another** button to create another authorization, or the **Done** button to return to the home page, or use the breadcrumbs or menu tab options to navigate to other screens.